

# Steffes Financial, Ltd.

## Retirement Plan Enrollment Forms

Name \_\_\_\_\_

Please complete the attached and return to Human Resources.

1. Designation of Salary Reduction
2. Designation of Beneficiary
3. Investment Options Election Form
4. Please confirm your investment election in 30 days at [www.ktradeonline.com](http://www.ktradeonline.com)  
Please call Chris Stakley or Gerald Steffes at 913-722-1111 if any discrepancies.

For office use only

Date

\_\_\_\_\_ Received from employee  
\_\_\_\_\_ Salary deferral entered into payroll system  
\_\_\_\_\_ Copy investment election sent to DeMars Pension

**STEFFES FINANCIAL, LTD.**

**PROFIT SHARING 401(k) PLAN**

**DESIGNATION OF SALARY REDUCTION**

As a participant in the **STEFFES FINANCIAL, LTD. PROFIT SHARING 401(k) PLAN**, I understand that I am allowed the option to defer a portion of my salary or income. If I elect to defer my salary or income, it will be placed in my account in the **STEFFES FINANCIAL, LTD. PROFIT SHARING 401(k) PLAN**, and will be invested at my direction. I will be 100% vested at all times in this account and will be eligible to receive this amount pursuant to the document after my termination of employment, along with any other benefits to which I may be entitled. I hereby elect the following salary reduction:

**Regular 401(k) Deferrals (pre-tax)**

**Roth 401(k) Deferrals (after-tax)**

I elect to defer \_\_\_\_\_% of my salary or income.

I elect to defer \_\_\_\_\_% of my salary or income.

I elect to defer \$ \_\_\_\_\_ (lump-sum amount) salary or income

I elect to defer \$ \_\_\_\_\_ (lump-sum amount) of my salary or income.

I elect to defer the maximum amount allowed under IRS regulations.

I elect to defer the maximum amount allowed under IRS regulations.

I elect not to defer any salary or income.

I elect not to defer any salary or income.

This election is effective \_\_\_\_\_ (insert date).

NOTE: THE PARTICIPANT CANNOT MAKE A CONTRIBUTION BY WRITING A PERSONAL CHECK TO THE PLAN.

I understand this salary deferral designation remains in effect until changed in writing. My initial salary deferral designation will be effective upon entering the plan. I may increase or decrease my salary deferral designation at any time.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Home Address**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Participant**

**DESIGNATION OF BENEFICIARY**

To the Trustee of the STEFFES FINANCIAL, LTD. PROFIT SHARING 401(k) PLAN ("Plan"):

Re: \_\_\_\_\_, Participant

Pursuant to the provisions of the Plan permitting the designation of a beneficiary or beneficiaries by a participant, I hereby designate the following person or persons as primary and secondary beneficiaries of my Accrued Benefit under the Plan payable by reason of my death:

**Primary Beneficiary(ies) [include address, date of birth and relationship]:**

**Contingent Beneficiary(ies) [include address, date of birth and relationship]:**

**I RESERVE THE RIGHT TO REVOKE OR CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR DESIGNATIONS (IF ANY) OF PRIMARY BENEFICIARIES AND CONTINGENT BENEFICIARIES.**

The Trustee will pay all sums payable under the Plan by reason of my death to the primary beneficiary, if he or she survives me, and if no primary beneficiary survives me, then to the contingent beneficiary, and if no named beneficiary survives me, then the Trustee will pay all amounts in accordance with the Plan's death beneficiary provisions.

MARITAL STATUS: Under full penalty of state and federal law, I do swear:

- I have no living spouse.                       I have no knowledge of the whereabouts of my spouse.
- I am married: My spouse's name is \_\_\_\_\_;
- Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_;      Social Security Number \_\_\_\_\_.

\_\_\_\_\_  
Date of this Designation

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
SS# of Participant

\_\_\_\_\_  
Address of Participant

**NOTE: IF YOU ARE MARRIED, SEE THE REVERSE SIDE OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.**

