BLACKROCK FUNDS

546_352/45002062

ESS Retirement Savings Plan
PARTICIPANT ENROLLMENT FORM

☐ New Enrollment ☐ Re-hire ☐ Change in Deferral (**do not send to WGRS**)

1. PARTICIPANT INFORMATION

Name (First) (MI) (Last)	Social Security Number	Employee Number
Mailing Address (City) (State) (Zip)	Date of Birth (mm/dd/yyyy)	
Location of Employment	Date of Hire (mm/dd/yyyy)	

2. ENROLLMENT ELECTION

Check one:

☐ Yes, I wish to enroll in the **ESS Retirement Savings Plan.** (Complete Sections 3, 4, 5)
☐ No, I have decided NOT to enroll at this time. (Complete Section 5)
☐ I wish to DISCONTINUE my contributions at this time. (Complete Section 5)
☐ I wish to CHANGE my salary deferral contribution election. (Complete Section 3, 5)

3. SALARY DEFERRAL CONTRIBUTION ELECTION

I choose to have the following percentage or change in percentage deducted from my pay each payroll period (before income tax is computed) and contributed to the **ESS Retirement Savings Plan:** _____**%**

4. INVESTMENT ALLOCATION (to be completed for new enrollments only)

I direct that my initial contributions and any employer matching/profit sharing contributions, if any, be split among the investment fund(s) listed below in the percentages indicated. (Must be in whole 1% increments).

Investment of Contributions (must be in 1% increments)	Name of Fund
_____	BlackRock Money Market
_____	BlackRock Core Bond Total Return
_____	BlackRock Govenrment Income
_____	BlackRock Index Equity
_____	BlackRock Large Cap Value Equity
_____	BlackRock Mid Cap Growth Equity
_____	BlackRock US Opportunities
_____	BlackRock International Opportunities
_____	American Funds Inv., Co. Amer A
_____	American Funds New Perspective
_____	Oppenheimer Quest Balanced
_____	Solomon Brothers Capital A
_____	American Funds Growth A
_____	T Rowe Price Growth Stock
_____	Oppenheimer Main Street Small Cap
_____	Fidelity Advisor New Insights
_____	Baron Asset Fund
100%	Total Must Equal

***Future changes and account balance transfers must be made using the voice response unit (866-679-7077) or online at www.wystar.com/retirement.**

5. SIGNATURE

I understand that the personal information entered here may be used to enroll me in the **ESS Retirement Savings Plan. I** also understand that Payroll will begin processing my Salary Deferral contributions or changes in deferral rate to the Plan as soon as administratively possible.

_____ _____
Employee Signature Date

_____ _____
Received By (Authorized Employer Representative) Date