Utah Interlocal Educational Benefits Trust

in cooperation with EMI Health

852 East Arrowhead Lane Murray, Utah 84107 801-262-7476 800-662-5850

Principal Financial Group

Educators 401(k)

ENROLLMENT APPLICATION

Member	Employer	Email	Office Use Only
Address	City / State / Zip	Work Phone: Home Phone:	Contract No. 389989
SSN - -	Birthdate / /	Date Employed / /	❑ Male ❑ Married ❑ Female ❑ Not Married
			Location No.

Contributions ❑ First request ❑ Change as of (date) _____

I request my current and future salaries with the Employer be reduced by the amount shown below. Amounts deducted from my pay will be contributed for me to the elective deferral plan. This modification is binding while it is in effect except to the extent amounts must be reduced to meet limits stated in the Plan and will continue in effect until changed by me in writing. If I do not elect one or more investments, my contributions will be directed to the appropriate Principal LifeTime Account.

The amount of my elective deferral is _____ % of pay per period or $ _____ (Note: if you do not wish to reduce your pay at this time, enter 0.)

Investment Options ❑ First request ❑ Change as of (date) _____

Account Selection

Choose the Principle Life Time Account that most closely matches the year you plan to retire under Option 1, or show the percentage of contribution you want directed to each individual investment.

	Employer	Elective Deferral
Principal LifeTime Strategic Income	_____ %	_____ %
Principal LifeTime 2010 Sep Account	_____ %	_____ %
Principal LifeTime 2015 Sep Account	_____ %	_____ %
Principal LifeTime 2020 Sep Account	_____ %	_____ %
Principal LIfeTime 2025 Sep Account	_____ %	_____ %
Principal LifeTime 2030 Sep Account	_____ %	_____ %
Principal LifeTime 2035 Sep Account	_____ %	_____ %
Principal LifeTime 2040 Sep Account	_____ %	_____ %
Principal LifeTime 2045 Sep Account	_____ %	_____ %
Principal LifeTime 2050 Sep Account	_____ %	_____ %
Principal LIfeTime 2055 Sep Account	_____ %	_____ %
Principal LIfeTime 2060 Sep Account	_____ %	_____ %

Read the Principal LifeTime Portfolios (PQ3483) to learn more about the investments above. Principal LifeTime Portfolios are designed with the idea that you invest solely in one investment option that most closely matches your approximate retirement timeline. If you choose to also invest in other options listed in Option 2, the total of all percentages must equal 100%.

	Employer	Elective Deferral
2 Yr Guaranteed Interest	_____ %	_____ %
5 Yr Guaranteed Interest	_____ %	_____ %
Money Market	_____ %	_____ %
Short Term Income (Edge)	_____ %	_____ %
Income Separate (Edge)	_____ %	_____ %
Bond and Mortgage	_____ %	_____ %
Bond Market Index	_____ %	_____ %
U.S. Property	_____ %	_____ %
LargeCap S & P 500	_____ %	_____ %
Equity Income	_____ %	_____ %
LargeCap Growth I	_____ %	_____ %
MidCap S & P 400	_____ %	_____ %
MidCap Core Growth	_____ %	_____ %
MidCap Separate	_____ %	_____ %
MidCap Value I	_____ %	_____ %
DFA SmallCap Value II	_____ %	_____ %
SmallCap S & P 600	_____ %	_____ %
SmallCap Growth I	_____ %	_____ %
International SmallCap	_____ %	_____ %
Diversified International Stock	_____ %	_____ %
TOTAL	**100%**	**100%**

Show the percentage of contributions you want directed to each account. Member contributions will be deemed the same as Employer contributions if left blank. Changes are effective on the later of the due date of your request or the date this form is received in Principal Mutual's home office. Charges apply to future contributions only. If you want to change the way funds already under the plan are invested, you may also do so via Teletouch by calling 1-800-547-7754, or via the internet at www.principal.com.

Beneficiary Designation ❑ First request ❑ Change as of (date) _____

If you are married and do not name your spouse as beneficiary, your spouse must sign the consent below, and the signature must be witnessed by a plan representative or Notary Public. If you are younger than age 35, your spouse must again consent to this in writing when you reach age 35. **Note: If your spouse cannot be located, check the box below and have it witnessed by the plan representative. It must be established to the satisfaction of the plan representative that the member's spouse cannot be located.**

❑ I certify that my spouse cannot be located to sign this consent. I will notify the plan sponsor if my spouse is located.

Primary Beneficiary

Last	First	Initial	Address	D.O.B.	SSN	Relationship

Secondary Beneficiary (If beneficiary dies before payment of death benefit, remainning benefit will be paid to contingent beneficiaries as indicated)

Last	First	Initial	Address	D.O.B.	SSN	Relationship

Spouse's Consent to Beneficiary Designation I consent to this designation. I understand it eliminates death benefits otherwise payable to me if my spouse dies.	**Spouse's Signature**

Witnessed before me this	day of	Notary Public Term Expires	Plan Representative or Notary Public Signature

Member's Signature	Date