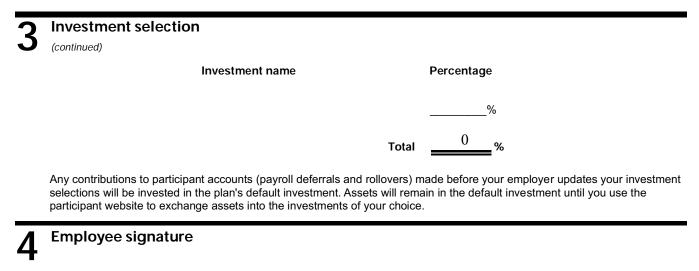
Retirement Plan Enrollment/Change

Employer		
Complete this section and retain this form for your records.		
Employer authorization		
All Heart Homecare Agency Inc.		
Name of employer, organization or company		
All Heart Homecare Agency Inc 401k Profit Sharing P		IRK126438
Name of plan		Plan ID number
The employee named in Section 1 below is eligible to participate in the plan as of	(mm/dd/yyyy)	
	President	
Steven Gershkowitz Name of person authorized to sign for the employer (print)	Title	
	The	
X June		1 1
Authorized signature	Date	(mm/dd/yyyy)
Employee		
Complete Sections 1–4, then return this form to your employer.		
Employee information		
Please type or print clearly.		
Select one of the following: New plan enrollment Changes to existing a	ccount	
Full name (include middle initial)		
Residence address (physical address required — no P.O. boxes) City	State	 ZIP
Mailing address (if different from residence address) City	State	
	Country of citizonal	ain
Date of birth (mm/dd/yyyy) Date of hire (mm/dd/yyyy)	Country of citizensl	πp
Marital status: Married Single		
Employee contributions		
Before completing this section, check with your plan to determine the available contribut	ion options.	
I authorize my employer to withhold from my wages each pay period:		
Before-tax contributions of% OR \$		
After-tax Roth contributions of% OR \$		
Catch-up contributions of% OR \$		
DO NOT wish to make contributions to the plan at this time.		



Retirement Plan Enrollment/Change



By signing below, I acknowledge that I have authorized my employer to allocate my investments as specified in Section 3. I acknowledge that I have completed a beneficiary designation form.

Х

Signature of employee

Date (mm/dd/yyyy)