



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

Name of plan

IRK126438

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

X



Authorized signature

_____/_____/_____
Date (mm/dd/yyyy)

Employee

Complete Sections 1–4, then return this form to your employer.

1 Employee information

Please type or print clearly.

Select one of the following: New plan enrollment Changes to existing account

Full name (include middle initial)

____-____-_____
SSN

Residence address (physical address required — **no P.O. boxes**)

City

State

ZIP

Mailing address (if different from residence address)

City

State

ZIP

____-____-_____
Date of birth (mm/dd/yyyy)

____-____-_____
Date of hire (mm/dd/yyyy)

Country of citizenship

Marital status: Married Single

2 Employee contributions

Before completing this section, check with your plan to determine the available contribution 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 \$_____

I **DO NOT** wish to make contributions to the plan at this time.



3 Investment selection
(continued)

Investment name

Percentage

_____ %

Total 0 %

Any contributions to participant accounts (payroll deferrals and rollovers) made before your employer updates your investment selections will be invested in the plan's default investment. Assets will remain in the default investment until you use the participant website to exchange assets into the investments of your choice.

4 Employee signature

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.

X

Signature of employee

____ / ____ / ____
Date (mm/dd/yyyy)