DIMEO PROPERTIES 401(k) PROFIT SHARING SAVINGS PLAN
PARTICIPANT ENROLLMENT FORM

PARTICIPANT PROFILE INFORMATION

NAME: _____   SOCIAL SECURITY NUMBER: _____

ADDRESS: _____   BIRTH DATE: _____

_____   PHONE NUMBER: _____

EMAIL: _____

BENEFICIARY INFORMATION

PRIMARY BENEFICIARY: _____   RELATIONSHIP: _____ %____

PRIMARY BENEFICIARY: _____   RELATIONSHIP: _____ %____

CONTINGENT BENEFICIARY: _____   RELATIONSHIP: _____ %____

CONTINGENT BENEFICIARY: _____   RELATIONSHIP: _____ %____

* If additional beneficiaries, please attach separate list and sign. *

* If you are married and designate someone else as your primary beneficiary, your spouse must spousal consent form and have it notarized.

STATEMENT PREFERENCE: ☐ PAPER ☐ ELECTRONIC   Type: ☐ Pre-Tax ☐ Roth 401(k)

PAYROLL DEDUCTION: ☐ I WISH TO PARTICIPATE AT THIS TIME. THE TOTAL AMOUNT DEDUCTED FROM MY PAY WILL BE: $ ____ OR % ____

☐ I DO NOT WISH TO PARTICIPATE AT THE TIME.

INVESTMENT SELECTION: CHOOSE A MIX OF FUNDS TOTALING 100% OR AN INVESTMENT PORTFOLIO.

FIXED
Stable Value Fund _____ %

US GOV'T
Vanguard GNMA Adm _____ %
Vanguard Infl Protected Sec Adm _____ %
Vanguard Short Term Inv Gd Adm _____ %
Vanguard Interm-Term Treas Adm _____ %

BOND
Loomis Sayles Strategic Income _____ %
Dodge & Cox Income _____ %

HIGH YIELD BOND
Blackrock High Yield Bond _____ %

LARGE VALUE
Washington Mutual _____ %
Vanguard Windsor Admiral _____ %

VALUE
JHancock Discipline Value R6 _____ %

GROWTH
Vanguard S&P 500 Adm _____ %
Vanguard Prime Cap Adm _____ %
Mairs & Power Growth _____ %

MID-CAP
Vanguard Mid Cap Index Admiral _____ %

INTERNATIONAL
Europacific Growth _____ %
Dodge & Cox International _____ %

SMALL CAP
Glenmede Small Cap Equity _____ %
Vanguard Small Cap Index _____ %

OR

ACTIVE MODELS
_____ % Income Portfolio
_____ % Income & Growth Portfolio
_____ % Growth & Income Portfolio
_____ % Capital Growth Portfolio

PASSIVE MODELS
_____ % Institutional Index 20/80
_____ % Institutional Index 40/60
_____ % Institutional Index 60/40
_____ % Institutional Index 80/20

By signing this enrollment form, you:

1) Authorize your employer to deduct from your compensation the amount state above.
2) Authorize your Trustee/Plan Administrator to invest your Investment Allocations as directed above.
3) Acknowledge receipt of the current prospectus of the mutual fund(s) selected above.

Signature_____   Date_____