



HAROLD DANCE INVESTMENTS

Financial Advisors Since 1959

This form is used to enroll in or make changes to a 457 plan account administered by Harold Dance Investments.

For questions regarding this form, to request a different form, or to discuss other aspects of the 457 plan, please contact Harold Dance Investments.

Phone:

435-752-8484

Toll Free:

800-327-5400

Please return the completed form via mail or fax.

Mail:

Harold Dance Investments
360 N. Main St.
Logan UT 84321

Fax:

435-752-8487

457 Application Form

New: [] Amended: [] Transfer: [] (check one)

AGREEMENT between (employer):

and (employee):

SSN:

Home Phone:

Birth Date:

Work Phone:

Male: [] Female: []

Address:

City:

State:

Zip:

Subject to the provisions of the Voluntary Deferred Compensation Plan adopted by my employer, as the same may be amended, I hereby request my employer to defer payment of the sum of \$_____ or _____% per pay period from my salary which will not exceed the amount allowed under Section 457(b) and (c) of the Code as amended and a minimum deferral of \$25 per pay period. Deductions to begin ____/____/_____ and continue until I cancel or modify this contract. The Employer may only defer compensation that has not been earned.

Investment Selection

\$ _____ or _____% per pay period to

\$ _____ or _____% per pay period to

\$ _____ or _____% per pay period to

Beneficiary Designation

Name:

SSN:

Relation:

Birth Date:

V. Plan Information

The Employee understands that this is a 457 Deferred Compensation Plan subject to the provisions of section 457 of the IRS code as amended. The Employee acknowledges that all his or her rights under this Deferred Compensation Plan are subject to the terms of this Plan, that this Plan does not constitute an employment contract, that the Employee shall look solely to the assets in the Participation Account for the amount of this deferred compensation, that the shares shall be registered in the name of the Employer, and that the Employee, his or her heirs, successors and assigns shall hold the Employer harmless from any liability under this PLAN for all acts performed in good faith including acts relating to the investment of deferred amounts and/or the Employee's investment selection.

V. Signatures

EMPLOYEE Signature:

Date:

EMPLOYER Signature:

Date: