

# Scudder Flex Plan Employee Enrollment Form



This form establishes a Scudder mutual fund retirement plan account and authorizes payroll deductions and investment selections. Upon completion, the *employer should retain a copy and return the original* to Scudder Retirement Services, P.O. Box 219197, Kansas City, MO 64121-9197.

Please Print or Type.

## 1 Participant Information

Name _____			<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Address _____			Date of Birth _____			
City _____	State _____	Zip _____	E-mail Address _____			

## 2 Employer Information

Name _____	Plan Number (if known) _____
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## 3 Payroll Deferral Election

I wish to participate at this time by making deferral contributions. The total amount to be deducted from my paycheck will be \_\_\_\_\_ % or \$ \_\_\_\_\_ per pay period. **(NOTE: This deduction will continue until you provide your employer with written notice of a change.)**

I do not wish to make deferral contributions at this time.

## 4 Investment Selection

For ALL PLANS. Please invest my FUTURE CONTRIBUTIONS as follows:

Fund Name	Percentage
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
Percentages must total 100%	
	<b>100%</b>

## 5 Beneficiary Information

Please Note: If you are married and wish to name someone other than your spouse as your beneficiary, your spouse must consent to the designation by completing a Spousal Consent Form, which may be obtained from the plan administrator.

Primary:	Name _____	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Relationship _____	Social Security Number
Contingent:	Name _____	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Relationship _____	Social Security Number

## 6 Your Signature

By signing this authorization, you:

- Acknowledge receipt of the current prospectus of the mutual fund(s).
- Authorize your employer to deduct from your compensation the amount stated in item 3.
- Authorize and direct your plan's directed trustee and plan administrator to invest your FUTURE CONTRIBUTIONS assets as indicated in item 4.
- Authorize and direct your plan's directed trustee and plan administrator to pay all sums payable by reason of your death to your named beneficiary.

The undersigned certifies that he or she has the power and authority to establish this account and give the instructions stated herein. This account is subject to the terms of the Funds' prospectuses as amended from time to time, and the terms herein set forth, and is subject to acceptance by the Funds. All terms shall be binding upon the beneficiaries, heirs, representatives and assigns of the account owner.

Scudder Distributors, Inc.  
 222 South Riverside Plaza  
 Chicago, IL 60606-5808  
 www.scudder.com  
 Tel (800) 522-1441

<b>X</b>	_____
Signature of Employee	Date