



Enrollment/Change Form

THIS FORM MAY ONLY BE USED DURING JULY 1, 2013—DECEMBER 31, 2013

EMPLOYEE INSTRUCTIONS:

Complete all applicable sections and deliver to your employer.

EMPLOYER INSTRUCTIONS:

After implementing the employee's contribution election, promptly forward this form to the address above OR to:

Email: info@sctac.org

Fax: (213) 385-2767

EMPLOYEE INFORMATION:

 Last Name, First Name, Middle Initial

 Social Security Number (last four digits required)

 Address

 City, State, ZIP Code

 Phone Number

 Date of Birth

Marital Status: Married Single Widowed
 Legally Divorced (Date: _____)

 Name of your employer

CONTRIBUTION INFORMATION:

Enter an election for both 1 and 2 below. Enter an election both for Pre-tax 401(k) and for Roth 401(k), even if the election is zero. If you are discontinuing a prior election, enter zero as the per-hour contribution amount. If you wish to retain an existing election and add or change another (for instance you want to retain your existing Pre-tax 401(k) contribution and add a Roth 401(k) contribution) list both elections here.

1. Pre-tax 401(k) Contributions:

- I wish to contribute \$_____ per hour (in \$.25 increments) as **before-tax** contributions. I understand that this will reduce the amount of my taxable compensation reported on Form W-2.
- When I work **overtime**, I also elect to have my contribution multiplied by the applicable overtime premium rate (for example, if I have elected to contribute \$1/hr, when I work overtime payable at time-and-one-half, my contribution for those overtime hours will be \$1.50/hr.)

2. After-tax Roth 401(k) Contributions:

- I wish to contribute \$_____ per hour (in \$.25 increments) as **after-tax** contributions. I understand that this will NOT reduce the amount of my taxable compensation reported on Form W-2.
- When I work **overtime**, I also elect to have my contribution multiplied by the applicable overtime premium rate (for example, if I have elected to contribute \$1/hr, when I work overtime payable at time-and-one-half, my contribution for those overtime hours will be \$1.50/hr.)

AUTHORIZATION & AGREEMENT:

I have read and I understand the disclosures found on page 2 of this form.

X _____
 Signature

 Date

INVESTMENT INFORMATION:

A number of investment options are offered in the Defined Contribution Fund. Before making your investment selections you should review the prospectus and other information available for each investment option. Investment fund information is available at www.mylife.newyorklife.com, or from the Fund Office. To tell New York Life where to invest your future contributions, or to transfer existing balances among the investment options, you must have a Personal Identification Number (PIN). In order to create your PIN, you will need to know your Social Security Number, your date of birth, and your ZIP code in our records. Your PIN gives you access both to information through New York Life's toll-free telephone number, (800) 294-3575, and to New York Life's website.

If you do not use your PIN to indicate your investment elections with New York Life, your contributions will be invested in the T. Rowe Price Retirement target date fund applicable to your retirement age. If the information needed to determine your retirement age is not available to the Fund Office, your contributions and balances will be invested in the T. Rowe Price Retirement Income Fund until the information is received.

AUTHORIZATION & AGREEMENT:

This authorization replaces any previous one. I understand that these instructions will remain in effect until I change them in accordance with Fund rules. I hereby authorize the deductions from my pay indicated on the reverse of this form as Fund contributions to be made on my behalf by my Employer. If necessary to meet Internal Revenue Service requirements for the Fund, I understand that (i) my contribution may be reduced, (ii) my contributions may be refunded to me, and/or (iii) my before-tax contributions may be re-characterized and treated as after-tax contributions. I acknowledge (i) that I could have received the amount of these contributions in cash and (ii) that my elective contributions, my Employer's non-elective contributions, and any investment earnings are subject to withdrawal restrictions under the terms of the Fund and the Internal Revenue Code. These instructions will be effective as soon as administratively feasible and allowable under the rules of the Fund.

I understand that, on a quarterly basis, I will receive a statement of my Account and the value of the shares held in each Investment Option. I understand and agree that I will have sixty days after the mailing of each such quarterly statement within which to file any written objections to such quarterly statement. I agree that upon the expiration of each such period, the Trustees shall be forever released and discharged from all liability and accountability to me and my beneficiaries with respect to the propriety of their acts and the transactions shown in such quarterly statement, except with respect to any such acts or transactions as to which I file written objections within such sixty-day period.

By signing page 1 of this form, I acknowledge that I may receive and review a current prospectus for any available investment option, free of charge, by contacting New York Life at (800) 294-3575 or www.mylife.newyorklife.com. Shares of investment funds, including collective funds, insurance contracts and mutual funds, are not insured by the FDIC, nor insured or guaranteed by any government agency. These investments involve risk, including possible loss of the principal amount invested.