

Participant New Account Application

1. Plan Sponsor Information

Plan Sponsor Tax ID

Plan Sponsor Name (print) _____

Employer Name (if different from plan sponsor) _____

2. Participant Information

Social Security Number

Birth Date (mm/dd/yyyy)

Participant Name (print) _____

Street Address _____

City _____ State _____ Zip _____ Phone # _____ E-mail _____

3. Suitability Information

Gross Annual Income:

- \$ 0- 24,999
- \$ 25,000- 59,999
- \$ 60,000- 124,999
- \$ 125,000- 199,999
- \$ 200,000- 299,999
- \$ 300,000- 399,999
- \$ 400,000 & over

Net Worth: (exclude home)

- \$ 0- 49,999
- \$ 50,000- 149,999
- \$ 150,000-299,999
- \$ 300,000-499,999
- \$500,000- 699,999
- \$700,000- 999,999
- \$1,000,000 & Over

Tax Bracket:

- Low
- Moderate
- Aggressive
- High
- Top

Remarks: _____

Risk Tolerance:

- Low
- Moderate
- Aggressive
- Speculative

Investment Objectives

- Income
- Growth/Income
- Long Term Growth
- Short Term Trading

1. Do you have cash or other marketable securities for emergencies? Yes No

2. Have you received and reviewed the current prospectus and/or fee schedule for your investment? Yes No

3. Has your registered representative explained and do you understand the following risks or fees that may apply to your investment?

- | | | | |
|------------------------------------|------------------------------|------------------------------|------------------------------|
| Administrative and transfer fees? | <input type="checkbox"/> Yes | Sales and set-up charges? | <input type="checkbox"/> Yes |
| Surrender and liquidation charges? | <input type="checkbox"/> Yes | Fluctuation of yield? | <input type="checkbox"/> Yes |
| Management and advisor fees? | <input type="checkbox"/> Yes | Fluctuation of share values? | <input type="checkbox"/> Yes |

Rep# _____ Branch# _____ Rep. Name: _____

4. Payroll Deduction Authorization

I authorize payroll deduction of _____ per pay, effective _____.

Amount Date

Amount \$ _____ X _____ (number of pay periods per year) = \$ _____

Estimated annual contribution

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5. Investment Election Allocate my future payroll deductions as listed below.

PERT Pooled or Managed Portfolios	Investment %
Fixed Account Portfolio	_____ %
Managed Equity Portfolios:	
Conservative Model	_____ %
Moderate Model	_____ %
Aggressive Model	_____ %
Individual Accounts (attach additional instructions).	
FTJ Fund Choice Account	_____ %
Other Account (please indicate the specific mutual fund(s) in the right margin or on a separate sheet).	_____ %
Total of all elections must equal 100%.	100 %

6. Beneficiary Designation

I hereby designate the following persons/entities as primary and secondary beneficiaries for this account, payable by reasons of my death. (If a trust is beneficiary, a copy of the trust document must be provided.) **Notice:** This Beneficiary Designation can have important legal and/or tax consequences. We recommend that you consult with your lawyer or tax advisor for the appropriate designation.

Primary	Secondary	Full Name	%	Relationship	SSN	DOB
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____
<input type="checkbox"/>		_____	_____	_____	_____	_____

Spousal Consent (if required)

If you are married and designate a primary beneficiary other than your spouse, please consult your tax advisor about state and tax law implications of this section.

I agree to my spouse's naming of a primary beneficiary other than myself. I also acknowledge that I shall have no legal claim whatsoever against the Custodian for any payment to my spouse's named beneficiary.

Spouse's Name (print)

Notary's Name (print)

Spouse's Signature

Date

Notary's Signature

7. Signatures

Participant Name (print)

Participant Signature

Date

Representative Signature

Date

Principal Signature

Code

Date