

NOVEMBER 10, 2006

Plan Number: 12345-01
Plan Name: ABC Company

PARTICIPANT NAME
STREET ADDRESS
CITY ST ZIP

RE: Retirement Plan Enrollment

ABC Company is providing you with the opportunity to participate in the retirement plan. As an employee, you are now eligible to enroll. Refer to your enrollment material for additional information about your plan.

To enroll: Connect to our **Web site***



WWW.XXXXXXXXXX.COM

When prompted, enter: Your 9 digit Social Security Number
Your Personal Identification Number **1234**

To complete your enrollment:

- 1) Register Username,
- 2) Select your deferral - the amount to be deducted from each paycheck,
- 3) Select your contribution allocation - how you would like to invest your deferral,
and
- 4) Personalize your PIN.

For your convenience, your PIN can be personalized by selecting your own number.

Or enroll by calling **the Voice Response System***.



1-888-XXXXXXX

Once your account has been established you may access our Web site at www.xxxxxxxx.com or the Voice Response System at 1-888-XXX-XXXX to obtain information or make changes to your account.

For transactions on the Voice Response System and/or our Web site, we are required to act on your instructions, and neither XYZ nor your employer will be liable for any investment loss, liability, cost, or expense for implementing any such instructions. Your instructions will be implemented when proper identification is simultaneously provided. This identification will consist of your Social Security number/Username and personal identification number. Use of the PIN will deem agreement to the terms of the plan provisions.

*Access may be limited or unavailable during periods of peak demand, system upgrades/maintenance, or for other reasons.

Participation Agreement for Online Enrollment

I understand and agree to the following statements:

_____ By enrolling online in my retirement plan, my consent to these terms also serves as my electronic
signature for this process.

By accepting the terms of this agreement, I authorize my employer to deduct from my compensation the deferral indicated in the Deferral Selection section. The actual effective date is dependent upon my employer's payroll cutoff dates.

Maximum deferrals vary by plan type. I can find the maximum deferral for my Plan in the enrollment material. It is my responsibility to ensure that I will not defer more than the maximum allowable annual deferral. I acknowledge that my total deferral falls within the prescribed Internal Revenue Code limits.

I have obtained and read the enrollment material provided which outlines the Plan's rules and details the investment options offered by the Plan.

For more information about available investment options, including fees and expenses, I may obtain applicable prospectuses and/or disclosure documents from my employer or retirement plan provider. I will read them carefully before investing.

Funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. For more information, please refer to the fund's prospectus and/or disclosure documents.

My selection of investment allocation was unsolicited and I understand that I bear the risk of loss to my principal investment when investing in any of the investment options.

I may make changes to my account allowed under the Plan by accessing our Web site, or the Voice Response System. I am responsible for any such changes and for safeguarding my personal identification number (PIN).

I will review account confirmations and quarterly statements promptly and notify you, my retirement plan provider of any account discrepancies within the time period specified on my quarterly statement.