



Plan ID Number:

ENROLL

CPS ENROLLMENT FORM

NAME OF PLAN _____ PLAN CONTACT _____
TELEPHONE NUMBER _____

Use this form to enroll in your company's plan. You must complete this form whether you choose to participate in the plan or not. Complete Section 1 and choose the appropriate boxes in Sections 2 and 3. Complete the remaining sections as indicated. If you choose to participate in the plan, you must also complete the Designation of Beneficiary Form. If you are already a participant, DO NOT USE THIS FORM TO CHANGE YOUR CURRENT INVESTMENT ELECTIONS.

Changes to your existing account balance or future investment elections may be made via the telephone or Internet. Call the MFS Retirement Plan Information Line at 1-800-854-0647 or log on to your MFS Retirement Access account at www.mfs.com. DO NOT USE THIS FORM TO CHANGE YOUR CURRENT INVESTMENT ELECTIONS.

1 Employee Information

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Name *(please print)* _____ Date of Hire _____ / _____ / _____

Street Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Evening Phone _____

2 Type of Enrollment

New Employee Re-hired employee

Plan Entry Date _____

Re-hire Date _____

3 Participant Information

I choose to make salary deferrals in the plan. (Complete Sections 4 through 6.)

I choose not to make salary deferrals in the plan. (Complete Section 6 only.)

4 Salary Deferral Information

I authorize my employer to withhold from my wages each pay period an amount equal to \$ _____ or _____%.

5**Investment Information**

Investment elections will apply to all contribution types allowed under the plan. In the event that no investment instructions are given, funds will be invested in the default fund chosen by the Employer.

Please invest my future contributions as follows (you may change your investment allocations in the future by calling the MFS Retirement Plan Information line at 1-800-854-0647 or log on to your MFS Retirement Access account at <http://401k.mfs.com>):

1. _____ %	5. _____ %
2. _____ %	6. _____ %
3. _____ %	7. _____ %
4. _____ %	8. _____ %
TOTAL	
100%	

6**Signatures**

By signing below, I acknowledge I have read a copy of the prospectus for each fund to be purchased and understand its terms. I have the right to change, amend or otherwise revoke this agreement, in writing **or by such electronic means as agreed to by the Employer and MFS Retirement Services, Inc. (RSI)**, subject to plan administration provisions.

Employee Signature _____ Date _____

Employer Signature _____ Date _____

A prospectus containing more information, including charges and expenses, for any of the MFS funds can be obtained from your financial consultant. Read it carefully before you invest or send money.