



Utah Interlocal Educational Benefits Trust in cooperation with
 EMI Health
 852 East Arrowhead Lane • Murray, Utah 84107 • 801-262-7476 • 800-662-5850



ENROLLMENT APPLICATION

Member		Employer		Office Use Only	
Address		City, State, Zip		Contract No. 389989	
Soc. Sec. No.		Birthdate		Date Employed	
				<input type="checkbox"/> Female <input type="checkbox"/> Married <input type="checkbox"/> Male <input type="checkbox"/> Not Married	
				Location No.	

Contributions First request Change as of (date) _____

I request my current and future salaries with the Employer be reduced by the amount shown below. Amounts deducted from my pay will be contributed for me to the elective deferral plan. This modification is binding while it is in effect except to the extent amounts must be reduced to meet limits stated in the Plan and will continue in effect until changed by me in writing. If I do not elect one or more investments, my contributions will be directed to the appropriate Principal LifeTime Account.

The amount of my elective deferral is _____ % of pay per pay period or \$ _____. (Note: If you do not wish to reduce your pay at this time, enter 0.)

Investment Options First request Change as of (date) _____

Account Selection	Employer	Elective Deferral	Option 2. Customized Choices	Employer	Elective Deferral
Choose the Principle Life Time Account that most closely matches the year you plan to retire under Option 1, or show the percentage of contribution you want directed to each individual investment.			2 Yr Guaranteed Interest	_____ %	_____ %
			5 Yr Guaranteed Interest	_____ %	_____ %
			Money Market	_____ %	_____ %
			Core Plus Bond I	_____ %	_____ %
			Bond and Mortgage	_____ %	_____ %
			U.S. Property	_____ %	_____ %
			LargeCap S & P 500	_____ %	_____ %
			Equity Income	_____ %	_____ %
			LargeCap Growth II	_____ %	_____ %
			MidCap S & P 400	_____ %	_____ %
			Vanguard Growth & Income	_____ %	_____ %
			Fidelity Advisor Value Strategies (I)	_____ %	_____ %
			MidCap Blend	_____ %	_____ %
			MidCap Growth	_____ %	_____ %
			MidCap Value I	_____ %	_____ %
			DFA SmallCap Value II	_____ %	_____ %
			SmallCap S & P 600	_____ %	_____ %
			SmallCap Growth I	_____ %	_____ %
			International SmallCap	_____ %	_____ %
			Diversified International Stock	_____ %	_____ %
			TOTAL	100%	100%

Read the Principal LifeTime article (PQ3515) to learn more about Principal Lifetime Portfolios. Principal LifeTime portfolios are designed with the idea that you invest solely in one investment option that most closely matches your approximate retirement timeline. If you choose to also invest in other options listed in Option 2, the total of all percentages must equal 100%.

Show the percentage of contributions you want directed to each account. Member contributions will be deemed the same as Employer contributions if left blank. Changes are effective on the later of the date of your request or the date this form is received in Principal Mutual's home office. Changes apply to future contributions only. If you want to change the way funds already under the plan are invested, you may do so via Teletouch by calling 1-800-547-7754, or via the internet at www.principal.com.

Beneficiary Designation First designation Change as of (date) _____

If you are married and do not name your spouse as beneficiary, your spouse must sign the consent below, and the signature must be witnessed by a plan representative or Notary Public. If you are younger than age 35, your spouse must again consent to this in writing when you reach age 35.

Note: If your spouse cannot be located, check the box below and have it witnessed by the plan representative. It must be established to the satisfaction of the plan representative that the member's spouse cannot be located.

I certify that my spouse cannot be located to sign this consent. I will notify the plan sponsor if my spouse is located.

Primary Beneficiary				
Last	First	Initial	Relationship	Address
Secondary Beneficiary If beneficiary dies before payment of death benefit, remaining benefit will be paid to contingent beneficiaries as indicated:				
Last	First	Initial	Relationship	Address
Last	First	Initial	Relationship	Address
Spouse's Consent		Spouse's Signature		
I consent to this designation. I understand it eliminates death benefits otherwise payable to me if my spouse dies.				
Witnessed before me this _____ day		Notary Public Term Expires		Plan Representative or Notary Public Signature
Member's Signature		Date		
Received and Filed by EMI Health				
Date	By	Plan Entry Date		