

**University of Southern California
Section 457(B) Plan For
Eligible Faculty and Administrative Staff**

Plan # 078079

Enrollment

Account Information

Check one: New Enrollment

Social Security # --

Name (Last, First, MI)

Address

City State Zip

Date of Birth (mm/dd/yyyy) --

Daytime Phone # -- Evening Phone # --

Investment Directions

Fund #	Fund Name	Allocation	Fund #	Fund Name	Allocation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Your allocations must equal 100%					
					1 0 0

Beneficiary Information

Please indicate the percentage of your balance to be allocated to each beneficiary. Percentages for primary and secondary beneficiaries must each total 100%

Primary Beneficiary

Name

Birthdate --

Social Security # --

Percentage _____ % Relationship _____

Name

Birthdate --

Social Security # --

Percentage _____ % Relationship _____

Secondary Beneficiary (In the event your Primary Beneficiary predeceases you.)

Name

Birthdate --

Social Security # --

Percentage _____ % Relationship _____

Name

Birthdate --

Social Security # --

Percentage _____ % Relationship _____

Authorization

Signature of Participant _____ Date _____

To Be Completed By Plan Sponsor

Signature of Plan Sponsor _____ Date _____

Date of Hire (mm/dd/yyyy) --

Plan Entry Date (mm/dd/yyyy) --

Please make a copy for your records.

(10/15/2007)

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