



Travel Nursing with Advantages!

401(k) Investment Plan Enrollment Form

Advantage RN offers a generous 401(k) investment plan for its employees. Employees are eligible to participate in the plan after they have worked for the company for a minimum of six months or after working two 13-week assignments. Employees may invest up to 100% of their gross pay to the 401(k) or 16,500 per year (whichever is less). Advantage RN will then make a matching contribution of 4% of the employee's annual gross taxable pay.

What's that mean in dollars and cents? Here's an example: let's say your taxable pay is \$20,000 per year. You have chosen to invest 10% of your pay to the 401(k) program, or \$2,000 per year. Over a year's time, Advantage RN will make a contribution of \$800 to your plan (4% of \$20,000 = \$800).

All company contributions are provided to you as a benefit for working with Advantage RN and employees can choose to invest their money in a variety of mutual funds. The Advantage RN match is 100% as long as the employee has invested **at least 4%** of his/her gross taxable pay into the plan. If less than 4% is contributed by the employee, the company will match the same percentage. This means that if you invest 3%, Advantage RN will match the 3%; your 2% investment will result in a 2% contribution from Advantage RN, etc.

Soon you will be eligible to participate in the Advantage RN 401(k) Plan. If you would like to take advantage of the plan and have the Company match your funds (again, the matching contribution is 100% of the first 4% of your annual gross taxable pay as long as you have contributed a minimum of 5% of your annual taxable income to the plan), please fill out the forms on the next pages.

**Please FAX your completed forms to Advantage RN, Attn: Rick Moore
866-850-4048.**

CORPORATE HEADQUARTERS

8892 Beckett Road • West Chester, OH 45069 • 1-866-301-4045 (ph) • 1-866-850-4048 (fax)

www.advantagern.com



000-00-0000
Social Security #

Employee Name (Last, First, Middle)

Address (Street) (Apt. # / PO Box#)

(City) (State) (Zip Code)

Birth Date: 00-00-0000
Month Day Year

Hire Date: 00-00-0000
Month Day Year

I CHOOSE THE PERCENTAGE OF PAY TO CONTRIBUTE (Enter whole % only.)

Deductions are subject to maximum deferral and contribution limits. Total 401(k) deductions cannot exceed 80% of your compensation.

• 401(k) Contributions: I elect to contribute 00% of my before-tax compensation.

• If you contributed to another 401(k), 403(b) or SIMPLE IRA plan this year, please notify your HR Department.

• I want to elect Save Smart® to automatically increase the before-tax amount I contribute to my account each year. (NOTE: All 3 blanks must be completed for a valid election.) Increase my contribution by an additional 0 percent (enter one of the following: 1, 2 or 3%) each year until my contribution reaches 0% (enter your desired maximum contribution rate, not to exceed the plan maximum of 80%) on the first business day of 00 (enter month number: 1=January, 2=February, etc.).

• Automatically rebalance my entire account balance to match my most recent investment allocation:
 Quarterly Semi-annually Annually

II Choose Your Investments on the following page(s)

III ACKNOWLEDGMENT AND SIGNATURE

Check (✓) only the box that applies, then sign and date the form below. I have read and I understand the Summary Plan Description, have completed the Beneficiary Form, and agree to be bound by the provisions of the Plan. I have also reviewed a current prospectus and description for each of the funds, and understand the objectives, risks, expenses and charges associated with each.

- I authorize the company to make the necessary payroll deductions from my compensation as indicated in Section I of this form. This election will remain in effect until I elect to change or to discontinue the payroll deductions. Furthermore, I understand that if I fail to complete the investment election in Section II. A, I will be deemed to direct that future contributions and my conversion account balance (if applicable as described above) will be invested in the plan default fund.
- I decline enrollment and have made no contribution elections.

In an effort to eliminate or reduce the negative effects of short-term trading and market timing, many investment companies have established excessive trading and/or redemption fee policies for certain investments. ADP Retirement Services, whenever possible, implements the investment company's market timing policy (please review the fund's prospectus for information on a specific fund company's policies). However, there are instances when in consultation with an investment fund company, ADP Retirement Services may need to implement its own market timing policy, or may impose a market timing policy which the individual fund company has agreed to or requested that is different than the policy in the fund's prospectus. Because investment options in your retirement savings plan may be subject to these policies, please refer to your Web site (or, if the Web site is not available to you, call a Client Services Representative) for additional information.

Signature of Employee/Participant

Date (form continues on back →)

FOR PLAN ADMINISTRATOR USE ONLY (MUST BE COMPLETED)

Recordkeeping Plan # 670206 Company Code

Payroll Frequency: Weekly Bi-Weekly Semi-Monthly Monthly

Date Received: Plan Administrator Approval:



000-00-0000
Social Security #

Employee Name (Last, First, Middle)

Choose Your Investments Below

A. I direct that future contributions be invested as follows. (If your conversion account balance, if any, is held in the Plan's default fund during the Plan's conversion blackout, your conversion account balance will also be invested as you elect below when the conversion blackout ends.) Total must equal 100%.

6X	SSgA Government Money Market Fund	<input type="text"/>	%	2L	Fidelity® Advisor Equity Growth Fund - Class T	<input type="text"/>	%
38	Franklin U.S. Government Securities Fund - Class R	<input type="text"/>	%	41	Janus Adviser Perkins Mid Cap Value Fund - Class R	<input type="text"/>	%
5I	PIMCO Total Return Fund - Class R	<input type="text"/>	%	7B	SSgA S&P® MidCap 400 Index Strategy Fund	<input type="text"/>	%
6Z	SSgA Bond Market Index Fund	<input type="text"/>	%	0Z	Allianz NFJ Small-Cap Value Fund - Class R	<input type="text"/>	%
53	Oppenheimer Strategic Income Fund - Class N	<input type="text"/>	%	57	Oppenheimer Main Street Small Cap Fund® - Class N	<input type="text"/>	%
3B	Franklin High Income Fund - Class R	<input type="text"/>	%	7C	SSgA Russell® 2000 Index Strategy Fund	<input type="text"/>	%
5P	T. Rowe Price Retirement Income Fund - R Class	<input type="text"/>	%	2N	Fidelity® Advisor Small Cap Fund - Class T	<input type="text"/>	%
5L	T. Rowe Price Retirement 2010 Fund - R Class	<input type="text"/>	%	0Q	AllianceBernstein International Value Fund - Class R	<input type="text"/>	%
5M	T. Rowe Price Retirement 2020 Fund - R Class	<input type="text"/>	%	7D	SSgA MSCI EAFE Index Strategy Fund	<input type="text"/>	%
5O	T. Rowe Price Retirement 2030 Fund - R Class	<input type="text"/>	%	55	Oppenheimer International Growth Fund - Class N	<input type="text"/>	%
5Q	T. Rowe Price Retirement 2040 Fund - R Class	<input type="text"/>	%	1P	BlackRock Global Growth Fund, Inc. Class R	<input type="text"/>	%
3I	Franklin Templeton Conservative Target Fund - Class R	<input type="text"/>	%	5D	RS Emerging Markets Fund - Class K	<input type="text"/>	%
3J	Franklin Templeton Growth Target Fund - Class R	<input type="text"/>	%	4C	Jennison Natural Resources Fund - Class R	<input type="text"/>	%
3K	Franklin Templeton Moderate Target Fund - Class R	<input type="text"/>	%	58	Oppenheimer Gold & Special Minerals Fund - Class N	<input type="text"/>	%
2V	Fidelity Advisor Large Value - Class T	<input type="text"/>	%	7E	SSgA Index REIT Strategy Fund	<input type="text"/>	%
7A	SSgA S&P® 500 Index Fund	<input type="text"/>	%	7J	Alger MidCap Growth Institutional Fund - Class R	<input type="text"/>	%

TOTAL %

If you have a conversion account balance, please refer to your Plan's Blackout Notice for information on how it is invested during the blackout.

Signature of Employee/Participant

Date

Recordkeeping Plan #

Social Security #:

SSN input fields

Employee Name:

Employee Name input fields

Last, First, Middle

Current Marital Status:

Marital status checkboxes: Single, Married, Divorced, Legally separated or abandoned



BENEFICIARY INSTRUCTIONS

The Beneficiary Designation Form is used to designate the recipient of your account balance upon your death. This form must be completed by all employees when completing the Enrollment Form or Rollover Form (if not previously enrolled).

Section II. A primary beneficiary must and a secondary beneficiary may be designated. If you are married, your spouse must be the sole primary beneficiary, unless your spouse approves otherwise and signs the waiver below. If the primary beneficiary(ies) predeceases you, the secondary beneficiary(ies) will receive the account balance. You must attach an additional beneficiary form(s), if you elect to designate more than two primary and/or more than two secondary beneficiaries. Please ensure all primary beneficiaries' benefit percentages total 100%. Also, ensure all secondary beneficiaries' benefit percentages total 100%. Please note that a Joint Primary Beneficiary can be the same person named as the secondary beneficiary. Sign and date the form upon completion.

Section III. If you are legally married and have chosen a primary beneficiary other than your spouse, Section III must be completed and notarized.

BENEFICIARY DESIGNATION

Primary Beneficiary

SSN#:

Primary Beneficiary SSN input fields

Name:

Primary Beneficiary Name input field

Last, First, Middle

Address:

Primary Beneficiary Address input fields

Street

Apt. # / PO Box #

City, State, Zip

Relationship:

Birth Date:

Primary Beneficiary Birth Date input fields

Month Day Year

%

SSN#:

Secondary Beneficiary SSN input fields

Name:

Secondary Beneficiary Name input field

Last, First, Middle

Address:

Secondary Beneficiary Address input fields

Street

Apt. # / PO Box #

City, State, Zip

Relationship:

Birth Date:

Secondary Beneficiary Birth Date input fields

Month Day Year

%

Secondary Beneficiary

SSN#:

Secondary Beneficiary SSN input fields

Name:

Secondary Beneficiary Name input field

Last, First, Middle

Address:

Secondary Beneficiary Address input fields

Street

Apt. # / PO Box #

City, State, Zip

Relationship:

Birth Date:

Secondary Beneficiary Birth Date input fields

Month Day Year

%

SSN#:

Secondary Beneficiary SSN input fields

Name:

Secondary Beneficiary Name input field

Last, First, Middle

Address:

Secondary Beneficiary Address input fields

Street

Apt. # / PO Box #

City, State, Zip

Relationship:

Birth Date:

Secondary Beneficiary Birth Date input fields

Month Day Year

%

If none of my designated beneficiaries are living at the time of my death, or I have not designated a beneficiary, then any distribution of my plan accounts shall be payable to a default beneficiary or beneficiaries in accordance with the terms of the plan. If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary survives me, the contingent beneficiary(ies) shall acquire the designated share of my plan balance.

Signature of Employee/Participant

Date

Signature of Employee/Participant

Date

SPOUSAL CONSENT (Do not complete if your spouse is the sole beneficiary.)

I hereby consent to the above designation by my spouse of a beneficiary other than me under the Plan and I understand that my spouse's election is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes the election. I have read the instructions above and understand that by consenting to the above designation, either (i) no benefit from the Plan will be payable to me upon my spouse's death or (ii) only a partial benefit from the Plan will be payable to me upon my spouse's death if a Joint Primary Beneficiary Designation was elected above.

Signature of Spouse

Date

Signature of Spouse

Date

Acknowledgment of Witness:

I hereby acknowledge that _____, to me known personally, appeared before me on the _____ day of _____ (mo), _____ (yr) and subscribed his/her name above and acknowledged to me that he/she did so as his free and voluntary act and deed for the uses and purposes set forth in this beneficiary designation form.

Notary Public for the State/Commonwealth of: _____ My commission expires: _____ County of: _____

Affix Seal Here