

**RETIREMENT PLAN ENROLLMENT/CONTRIBUTION CHANGE FORM**

Your plan offers you the ability to enroll, decline enrollment, or change your current contribution election online by going to [rps.troweprice.com](http://rps.troweprice.com). If you prefer to complete these actions via paper form, please follow the instructions outlined below:

1. Participant Information
2. Participation Election or Change Contribution Election
3. Participant Authorization
4. Once signed, return this form to the Plan Sponsor
5. Plan Sponsor should fax the completed form to 816-218-0424.

Plan Name AMERICAN AMBULANCE 401 (K) RETIREMENT PLAN  
 Plan ID 658057

**PARTICIPANT INFORMATION**

First Name and Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_  
 Social Security Number \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_  
 Evening Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Hire \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARTICIPANT ELECTION**

- Revoke My Election
- Election to Participate

I hereby elect to contribute a portion of my compensation to the above named plan. I have received written information on the plan, and I understand the general requirements, including the before-tax contribution and, if applicable, the Roth contribution election. I understand that I must elect the amount of my compensation to be contributed to the plan, and I understand that I can make before-tax contributions or Roth contributions or both up to the current Internal Revenue Service (IRS) or plan dollar limits on elective deferrals. I further understand that this election will automatically apply to all future salary adjustments unless I amend the election:

Enter before-tax contribution amount: \_\_\_\_\_%

Enter Roth contribution amount: \_\_\_\_\_%

**Please review the summary plan description to ensure that your selections above are in accordance with the deferral types offered by your plan. Please note that your election will remain in place until you reach current IRS or plan dollar limits including catch-up contributions.**

- Election Not to Participate

I elect **not** to contribute to the plan. This election will not prohibit any future election on my part to contribute to the plan.

**CHANGE CONTRIBUTION ELECTION**

- Change my current contributions

Enter new before-tax contribution amount: \_\_\_\_\_%

Enter new Roth contribution amount: \_\_\_\_\_%

**Please review the summary plan description to ensure that your selections on previous page are in accordance with the deferral types offered by your Plan.**

**INVESTMENT ALLOCATION**

I understand that I must direct the investment of contributions by calling **1-800-354-2351** or going online at **rps.troweprice.com**. I also understand that unless I direct otherwise, contributions will be invested in the plan's default investment option as outlined in the written material I received about the Plan from my employer.

**PARTICIPANT AUTHORIZATION**

I authorize my employer to withhold from my wages the amounts indicated on this form as contributions to the plan identified above. My employer will implement this election as soon as administratively feasible.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_