

ENROLLMENT/CHANGE INVESTMENT ELECTION FORM

Plan Name: Boston VA Research Institute, Inc. 403(b) Plan

Location Name: _____ Location ID: _____ Ref. No. 8935

How To	<input type="checkbox"/> To Enroll: Complete All Sections <i>(Plan Sponsor: Send to CPI if checked.)</i>	<input type="checkbox"/> To Change Contribution Percentage: Complete Sections A, C and D <i>(Plan Sponsor: Keep for your records if checked. Do not send to CPI.)</i>
	<input type="checkbox"/> To Decline Enrollment: Complete Sections A,C and D <i>(Plan Sponsor: Keep for your records if checked. Do not send to CPI.)</i>	<input type="checkbox"/> To Change Investment Direction: Do not complete this form. Go to the web site at www.myretirementfuture.com or call the IVR at 1-800-279-1585. This form <u>can not</u> be used to change your investment election.

Section A Your Info	Please type or print clearly			
	Last Name	First Name	M. I.	Social Security Number (SSN)

I direct that all future contributions be invested in the following funds. *(If incomplete, contributions will be invested in accordance with your prior election or, if none, in the Life Cycle fund that is closest to your assumed retirement age (see the funds listed below noted with a "D") until a new election is completed through the IVR or web site. Failure to complete the section is deemed to be a 100% election in the applicable Life Cycle fund. For purposes of the Life Cycle funds, your assumed retirement age is 65.)*

Enter **WHOLE** percentages in multiples of 1% (i.e. 10%, 25%, 50%). Do not use decimals or fractions. Elections must total 100%.

	%	Fund Name		%	Fund Name
<input type="checkbox"/>	D	American 2010 Target Date Retirement R3	<input type="checkbox"/>		Calvert Soc. Inv. Balanced Portfolio A
<input type="checkbox"/>	D	American 2015 Target Date Retirement R3	<input type="checkbox"/>		Columbia Marsico 21st Century R
<input type="checkbox"/>	D	American 2020 Target Date Retirement R3	<input type="checkbox"/>		Eaton Vance Dividend Income R
<input type="checkbox"/>	D	American 2025 Target Date Retirement R3	<input type="checkbox"/>		American EuroPacific Growth R3
<input type="checkbox"/>	D	American 2030 Target Date Retirement R3	<input type="checkbox"/>		American Fundamental Investors R3
<input type="checkbox"/>	D	American 2035 Target Date Retirement R3	<input type="checkbox"/>		American Growth Fund of America R3
<input type="checkbox"/>	D	American 2040 Target Date Retirement R3	<input type="checkbox"/>		JP Morgan Government Bond A
<input type="checkbox"/>	D	American 2045 Target Date Retirement R3	<input type="checkbox"/>		Nationwide S&P 500 Index R
<input type="checkbox"/>	D	American 2050 Target Date Retirement R3	<input type="checkbox"/>		American New Perspective R3
<input type="checkbox"/>		AIM Trimark Small Companies R	<input type="checkbox"/>		American Smallcap World R3
<input type="checkbox"/>		American Balanced R3	<input type="checkbox"/>		Templeton Developing Markets Trust R
<input type="checkbox"/>		American Century Real Estate R	<input type="checkbox"/>		American US Treasury Money Fund of America R3
<input type="checkbox"/>		DWS Commodity Securities C	<input type="checkbox"/>		American Washington Mutual Investors R3
<input type="checkbox"/>		American Bond Fund of America R3	<input type="checkbox"/>		American High Income Trust R3

100% Fund elections MUST TOTAL 100%

**This election applies to new contributions only and will not affect the investment of existing assets or assets that are "mapped" during a conversion from a prior record keeper.*

Paper copies of this Enrollment/Change Investment Election Form will not be accepted after initial enrollment in the plan. All subsequent transactions must be made through the Web Site or the IVR.

Section C Your Election	<input type="checkbox"/> Salary Deferral - I instruct my employer to deduct \$ _____ or _____ % of my pay on a pre-tax basis each pay period for investment in my account. (In the space provided, enter a whole percent or dollar amount in an amount permitted by the Plan, as described in the Plan Highlights.) To decline participation, enter 0%.
	<input type="checkbox"/> Roth Contribution - I instruct my employer to deduct \$ _____ or _____ % of my pay on an after-tax basis each pay period for investment into the designated Roth portion of my account.

Please refer to your Summary Plan Description (SPD) and Plan Highlights, which will describe any maximum limits on the amount you may contribute that apply to your plan either based on the plan's provisions or under the law. Your employer may restrict the frequency with which you may change this election. Please check with your Plan Representative to see if there are any restrictions.

Note: Participants should visit the plan website (www.myretirementfuture.com) for prospectuses and information about the fund's investment objectives, risks, fees and expenses. Some funds may impose a redemption fee on shares that are transferred or exchanged out of the fund before the applicable minimum holding period. Please read the prospectus for more information about the fund and any applicable redemption fee.

I understand that I can not make any changes to my Investment Direction by using this form. Changes must be made by accessing the Web Site or the IVR.

By signing this form, I have authorized the Employer to deduct the amount elected from my paycheck and transmit the funds to the investment funds indicated. I certify that I have received the prospectuses for the mutual funds I have chosen to invest in above.

_____	_____
Participant	Date

BENEFICIARY DESIGNATION FORM

(Plan Sponsor: Keep this completed form in employee's personnel file.)
DO NOT SEND TO CPI

Plan Name: Boston VA Research Institute, Inc. 403(b) Plan

Location Name: _____

Location ID: _____

Ref. No. 8935

Your Info

Please type or print clearly

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Last Name	First Name	M. I.	Social Security Number (SSN)
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If this beneficiary designation form is not completed, either a prior designation or the Plan document will govern the distribution of any death benefit. No individual named as Beneficiary shall be entitled to receive payment unless such individual shall survive the Participant. Except as otherwise expressly provided in this designation, if no Beneficiary shall survive the Participant, the death benefits payable shall be payable per the Plan document.

I hereby direct that any and all death benefits payable under the terms of the Plan be payable to the following Beneficiaries in accordance with the following provisions. Any and all previous Beneficiary Designations are hereby revoked.

	Name	Date of Birth	Relationship	SSN	Percent
Beneficiary #1	Primary #1 _____	_____	_____	_____	_____%
	If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).				
	Secondary _____	_____	_____	_____	_____%
	Secondary _____	_____	_____	_____	_____%

	Name	Date of Birth	Relationship	SSN	Percent
Beneficiary #2	Primary #2 _____	_____	_____	_____	_____%
	If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).				
	Secondary _____	_____	_____	_____	_____%
	Secondary _____	_____	_____	_____	_____%

	Name	Date of Birth	Relationship	SSN	Percent
Beneficiary #3	Primary #3 _____	_____	_____	_____	_____%
	If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).				
	Secondary _____	_____	_____	_____	_____%
	Secondary _____	_____	_____	_____	_____%

	Consent
	<p>If you are currently married and have named any primary beneficiary other than your spouse, the following consent must be signed by your spouse and witnessed by a Plan representative or a notary public. If your marital status changes, that may automatically change your beneficiary designation under the terms of the Plan and you should file a new beneficiary designation form.</p> <p>I consent to the beneficiary designation above: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Signature of Participant's Spouse Date </div> <p>This instrument was signed before me on _____ / _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Date Plan Representative or Notary Public </div> </p></p>

	Sign
	<p>I understand that the above beneficiary designation will remain in force until I request a change in accordance with the provisions of the Plan.</p> <p>_____ / _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Participant Date </div> </p>