

457 Plan Participant Form (Cont'd)

7. Automatic Rebalance

(Minimum account balance of \$10,000 required)

I hereby designate this account to be automatically rebalanced following the end of each calendar quarter on or about the 10th of the month.

This feature will only be applicable for any portion of your account NOT associated with a Strategist. Account will be rebalanced according to the allocation for new deposits on record at that time.

8. Automatic Dollar Cost Averaging:

Please exchange \$ _____ (\$250 minimum) each month over a period of _____ months (not to exceed 24 months)

Minimum account balance of \$10,000 required.

Dollar Cost Averaging From: Federated Auto Cash Management (ACMXX)
 Morley Capital Accumulation (MCAFX) Security Capital Preservation (SIPAX)

Dollar Cost Averaging does not assure a profit or protect against loss in declining markets. Investors should consider their ability to continue the plan through periods of low price levels.

I understand that transfers will be made to the funds listed below on the 15th day (or next business day) of each month or until insufficient funds are available

Percentage	Ticker	Fund Name/Strategist & Portfolio Name
_____%	_____	_____
_____%	_____	_____
_____%	_____	_____
_____%	_____	_____
100%	Total (Must Total 100%)	_____

9. SIGNATURES

PLAN ADOPTION AND ACKNOWLEDGMENT

I hereby elect to participate in the Plan and adopt the provisions of the Plan. I attest that all of the above is true and correct.

I authorize *FTJ FundChoice,™ LLC* to accept and act upon fax, electronic, or written instructions from me, or from my representative of record, for re-allocations and administrative changes. Redemptions will require written instructions over my signature. I understand this is a non-discretionary account.

I hereby establish a sub-account of the Custodial Account pursuant to Section 457(g)(3) of the Internal Revenue Code, in accordance with all the terms of the Custodian Agreement, a copy of which has been received, read, accepted and specifically incorporated herein by reference. I accept the limitation of responsibility and indemnification provisions of the Custodian Agreement.

The annual asset-based fee is 1.00% based on the average daily account balance for the period for which fees are collected. The annual record-keeping and recording fee is \$25.00. (This fee is waived if or when your account balance exceeds \$50,000.) I authorize *FTJ FundChoice,™ LLC* to deduct fees directly from my account.

Participant Signature _____ Date _____

Employer Signature _____ Date _____

Representative Signature _____ Rep # RPV2
Jerry Repovz

Representative Telephone Number: (_____) _____