

**401K ENROLLMENT / INVESTMENT SELECTION FORM  
MID-COLUMBIA BUS CO. 401K**

Employee Name: \_\_\_\_\_ Branch \_\_\_\_\_  
 Mailing / Home Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_ DOH: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

**SELECT ONE OF THE FOLLOWING**

- \_\_\_\_\_ I elect to defer \_\_\_\_\_% of my compensation per pay period.  
 \_\_\_\_\_ I wish to change my deferral to \_\_\_\_\_% of my compensation per pay period.  
 \_\_\_\_\_ I decline to participate at this time.

**INVESTMENT SELECTION**

\_\_\_\_\_ **OPTION 1 ASSET ALLOCATION PORTFOLIOS (Re-balanced Quarterly)**  
 \_\_\_\_\_ Portfolio I \_\_\_\_\_ Portfolio II \_\_\_\_\_ Portfolio III \_\_\_\_\_ Portfolio IV \_\_\_\_\_ Portfolio V

\_\_\_\_\_ **OPTION 2 SELF-DIRECTED Portfolio - I elect to self-direct my account and understand that my self-directed account will not be automatically re-balanced.**

AllianceBernstein Global Bond A	ANAGX	_____%
AllianceBernstein Small-Mid Cap Value A	ABASX	_____%
Columbia Contrarian Core Fund	LCCAX	_____%
Columbia Marsico 21 <sup>st</sup> Century Fund A	NMTAX	_____%
Goldman Sachs Small Cap Value Fund A	GSSMX	_____%
Harbor International Fund Inv	HIINX	_____%
Janus Advisor Orion Fund S	JORIX	_____%
Loomis Sayles Investment Grade Bond A	LIGRX	_____%
Marshall Government Income Fund	MRGIX	_____%
Morley Stable Value Fund		_____%
Oppenheimer Intl diversified N	OIDNX	_____%
Pimco Total Return Fund D	PTTDX	_____%
Pioneer Global High Yield A	PGHYX	_____%
Royce Value Plus Service	RYVPX	_____%
Thornberg International Value R3	TGVRX	_____%
Wasatch 1 <sup>st</sup> Source Income Equity	FMIEX	_____%

(The minimum allocation per fund is 1%. Increments may be made in whole percentages with a maximum of 15 funds).

**IMPORTANT NOTE: If you do not select any investment option above, contributions to your account will be automatically invested in default portfolio III for plan participants 50 and younger, default portfolio I for plan participants over age 50.**

SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

**Summary Plan Description** available on the Trusttime, Inc. website.

**Form current as of 07/01/2010**