

LIFE SCHOOL 403(B) PLAN

Participant Enrollment Form

Name _____

Social Security Number _____

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Date of Hire _____ Marital Status: Married _____ Unmarried _____

In accordance with the plan document provisions of the Plan:

_____ I elect to contribute _____% or \$_____ of my compensation to the plan.

_____ I do not wish to contribute and I have been fully informed of all benefits available.

Investment elections: I hereby direct the Trustee to invest my compensation as follows: (Please indicate in whole percentages totaling 100%.)

If no election is made, the contributions may be allocated to plan default investment (Note: Enrollment form will NOT change the existing account balance).

Percentage (must total 100%)

_____	Oppenheimer Active Allocation	OAANX
_____	Oppenheimer Cash Reserves N	CSNXX
_____	Oppenheimer Global Fund N	OGLNX
_____	Oppenheimer Moderate Investor	ONMIX
_____	Oppenheimer Port Series Equity Inv.	ONAIK
_____	Oppenheimer Port Series Int'l Diversifie	OIDNX
_____	Oppenheimer Port Sveconsv Investor	ONCIX
_____	Oppenheimer Small & Mid Cap Value N	QSCNX
_____	Oppenheimer Strategic Income N	OSINX

TOTAL ALLOCATED 100%

This election authorizes the Employer to withhold this amount from my paycheck, and shall remain in effect until I revoke this election in writing, or change my election percentage in accordance with a policy established by the Plan Administrator.

Beneficiary Designation:

Primary Beneficiary* _____

Date of Birth _____ Relationship _____ Social Security Number _____

Secondary Beneficiary _____

Date of Birth _____ Relationship _____ Social Security Number _____

**If primary beneficiary is an individual other than your spouse, your spouse's consent is required below.*

Signature of Employee _____ Date _____

Spouse's Consent to Waiver: I hereby consent to the designation made by my spouse to have pre-retirement death benefits paid to the named

beneficiary specified in the foregoing election. Further, I hereby acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me in the form specified herein; (2) that such a beneficiary designation is not valid unless I consent to it; and (3) that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Executed this ____ day of _____, 200 ____.

Signature of Spouse _____

Witness' Signature _____

Witness must be Plan Representative or Notary Public.