

UFAA 401(K) PLAN

PARTICIPANT ENROLLMENT FORM

Plan Name: <h3 style="text-align: center;">UFAA 401k Plan</h3>	Instructions: Print Out This Form And Fill In The Information - Please Print Ledgebly Direct Questions to: 703-433-2714 When Completed Please Fax To: 703-637-0009		
Participant Name:	Social Security Number:		
Phone Number	Date of Birth:	Date of Hire:	
Street:	City:	State:	Zip Code:

Please send me a copy of the UFAA 401k Plan Summary Plan Description (SPD) and I will acknowledge receipt thereof after I have reviewed it. I acknowledge the availability of the current prospectus of the mutual fund(s) below and hereby elect to allocate my 401(k) account as follows:

Please choose your investments and be sure that the following *Allocation Percentage* column is completed in whole percentages and totals 100%.

AMSG Managed Profile Portfolios

_____ **AMSG Conservative** _____ **AMSG Moderate** _____ **AMSG Growth**
 _____ **AMSG Maximum Growth** _____ **AMSG Market Trend**

---OR---

<u>Asset Class</u>	<u>Fund Name</u>	<u>Ticker Symbol</u>	<u>Allocation Percentage</u>
Aggressive Growth	Third Avenue Value Fund	TAVFX	_____ %
Aggressive Growth	Vanguard Strategic Equity Fund	VSEQX	_____ %
High Yield Bond	Main Stay High Yield	MHCAX	_____ %
High Yield Bond	Fidelity Adv Hi Income Adv	FAHCX	_____ %
Growth & Income	Heartland Value Plus	HRVIX	_____ %
Growth & Income	Yaktman Focused Fund	YAFFX	_____ %
Growth	FPA Capital Fund	FPPTX	_____ %
Global Equity	Dreyfus Premier Int'l Small Cap	DSMRX	_____ %
Mid-Cap	Strong Micro-Cap Discipline	SMCDX	_____ %
Mid - Cap	Quaker Mid Cap Value	QMVIX	_____ %
Small-Cap	Oberweis Micro Cap	OBMCX	_____ %
Small-Cap	Perritt Micro Cap Opportunities	PRCGX	_____ %
Government Bond	American Century Inflation	ACITX	_____ %
			= 100%

Please Note: Any deposits received prior to this enrollment form are invested in the Money Market fund. If you want to move money received prior to this enrollment form, you must make the change on-line or on the automated phone system.

I authorize my employer to deduct _____ % or \$ _____ per paycheck for the 401(k) Plan.

I prefer not to defer any portion of my pay at this time.

Participant Signature	Date	Trustee/Authorized Signature	Date
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**RETIREMENT PLAN
BENEFICIARY DESIGNATION FORM**

I, _____, Social Security Number _____, am married
 unmarried and, as a participant in the UFAA 401(k) Plan, I hereby designate the following as beneficiary(ies) for
payment of death benefits under the Plan (use a separate sheet if necessary with your signature):

Primary: Name _____ SSN _____ Relationship _____
_____ % Address _____

Primary: Name _____ SSN _____ Relationship _____
_____ % Address _____

Primary: Name _____ SSN _____ Relationship _____
_____ % Address _____

Contingent: Name _____ SSN _____ Relationship _____
_____ % Address _____

Contingent: Name _____ SSN _____ Relationship _____
_____ % Address _____

NOTE: If you are married and you wish to designate a beneficiary other than your spouse, your spouse's notarized consent is necessary. If you marry after executing this form, this designation may be ineffective so you should complete a new beneficiary designation form. If you name your spouse as primary beneficiary, your spouse need not sign the form and the form does not need to be notarized.

SPOUSAL CONSENT: I consent to this designation of beneficiary, and waive my right to a qualified pre-retirement survivor annuity and to have benefits paid as a qualified joint and survivor annuity in accordance with Internal Revenue Code Section 417(a)(2) and Section 205(c)(2) of the Employee Retirement Income Security Act of 1974. I understand and acknowledge that the effect of this election is that any death benefits payable under the Plan, as an annuity or otherwise, will be paid not to me but to the designated beneficiary.

Signature of Spouse (Must be notarized)

State of _____ } County of _____ }

The person whose signature is set forth above and who is known to me to be such person appeared before me this day and completed or affirmed such signature in my presence as his or her free and voluntary act.

Given under my hand and notarial seal this _____ day of _____, 20_____.

Notary Public
My Commission Expires _____

Seal:

This designation supersedes any and all prior such designations and is effective upon its execution and delivery to the Trustee as provided by the Plan.

Dated this _____ day of _____, 20____ by _____
Signature of Participant

RECEIPT: Received by Trustee on _____, 20____ by _____
Authorized Signature