

**COMFORCE Corporation and Subsidiaries**  
**401(k) Employee Savings Plan**  
**Enrollment Form**

Please complete the following accurately with a ballpoint pen; print clearly. The information you provide should be current as of the date the form is completed. All employees who have fulfilled the eligibility requirements to participate in the plan must complete all sections of the form. Once an eligible employee completes this form, changes to the investment of future contributions and/or existing account balances may only be made using the automated voice response system or the interactive web site.

**SECTION I - General Information**

|  |                                       |   |                 |
|--|---------------------------------------|---|-----------------|
| <hr/> <i>Soc Sec No.</i>                 | <hr/> <i>Last Name (Please Print)</i> | <hr/> <i>First Name (Please Print)</i>  | <hr/> <i>MI</i> |
| <hr/> <i>Empl No.</i>                    | <hr/> <i>Date of Hire (mm/dd/yy)</i>  | <hr/> <i>Date of Birth (mm/dd/yyyy)</i> |                 |
| <hr/> <i>Address (Number and Street)</i> |                                       | <hr/> <i>Additional Mailing Info</i>    |                 |
| <hr/> <i>City</i>                        | <hr/> <i>State</i>                    | <hr/> <i>Zip</i>                        |                 |
| <hr/> <i>Telephone Number</i>            |                                       | <hr/> <i>E-mail Address</i>             |                 |

**SECTION II - Contribution Election\***

\_\_\_\_\_ I want to make pre-tax salary deferral contributions to the plan. I hereby authorize my employer to deduct \_\_\_\_\_ % of my salary (must be a whole number, up to 70%, as limited by IRS regulations) from each paycheck and to credit that amount to the pre-tax salary deferral portion of my account under the plan.

\_\_\_\_\_ I do not wish to contribute to the plan at this time.

**\*If you fail to complete this Section of the Form, or fail to timely submit the completed Form to your employer, your employer will automatically enroll you in the plan and deduct 3.0% of your salary from each paycheck on a pre-tax basis, and credit this amount to a pre-tax salary deferral account established under the plan on your behalf. This 3.0% automatic deferral will be invested 100% in the Russell LifePoints Balanced E Fund.**

**SECTION III - Investment Option Election**

I hereby authorize all future contributions to be invested as follows:

| <b>Investment Option</b>                | <b>Ticker</b> | <b>Percentage<br/>(in 1% increments)</b> |
|---|---------------|--|
| MetLife Stable Value Fund               | ---           | _____                                    |
| Fidelity Adv Government Income T        | FVITX         | _____                                    |
| PIMCO Total Return II Admin             | PRADX         | _____                                    |
| Fidelity Puritan                        | FPURX         | _____                                    |
| American Funds Investment Co America R3 | RICCX         | _____                                    |
| American Beacon Large Cap Value Pln     | AAGPX         | _____                                    |
| Van Kampen Comstock A                   | ACSTX         | _____                                    |
| Davis NY Venture A                      | NYVTX         | _____                                    |
| Fidelity Dividend Growth                | FDGFX         | _____                                    |
| T. Rowe Price Growth Stock Adv          | TRSAX         | _____                                    |
| Lord Abbett Mid-Cap Value A             | LAVLX         | _____                                    |
| Westcore Midco Growth                   | WTMGX         | _____                                    |
| Delaware Small Cap Value A              | DEVLX         | _____                                    |
| Columbia Acorn USA Z                    | AUSAX         | _____                                    |
| Oppenheimer Global A                    | OPPAX         | _____                                    |
| First Eagle Overseas A                  | SGOVX         | _____                                    |
| <b>Lifestyle Portfolios:</b>            |               |  |
| Russell LifePoints Conservative E       | RCLEX         | _____                                    |
| Russell LifePoints Moderate E           | RMLEX         | _____                                    |
| Russell LifePoints Balanced E           | RBLEX         | _____                                    |
| Russell LifePoints Growth St E          | RALEX         | _____                                    |
| Russell LifePoints Equity Growth St E   | RELEX         | _____                                    |
| Must Total                              |               | 100%                                     |

**SECTION IV - Employee Signature**

**Check to make sure that you have completed each section of the Enrollment Form fully before signing. Return this form to Human Resources.**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

**COMFORCE Corporation and Subsidiaries**  
**401(k) Employee Savings Plan**  
**Beneficiary Designation Form**

**SECTION I - General Information**

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Social Security Number

**SECTION II - Marital Status (choose one)**

\_\_\_\_\_ Not Married      I understand that if I become married, my spouse will be my primary beneficiary, unless I complete a new Beneficiary Designation Form, and my spouse consents to my designation.

\_\_\_\_\_ Married      I understand that my spouse is my primary beneficiary. However, I understand that I may elect a primary beneficiary other than my spouse in Section III, provided my spouse consents to such election in Section IV.

**SECTION III - Beneficiary Designation**

**I understand that all elections and designations specified by me on this Beneficiary Designation Form will supercede any prior elections and designations made by me, and will remain in full force until and unless a new Beneficiary Designation Form is signed by me and properly submitted.**

I wish to designate the following as my primary beneficiary(ies) to receive a death benefit under the plan in the event of my death, reserving the right to change designation at a later date:

1. \_\_\_\_\_  
Name In Full      Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
% of Benefit

2. \_\_\_\_\_  
Name In Full      Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
% of Benefit

**SECTION III - Beneficiary Designation (continued)**

In the event my primary beneficiary(ies) dies before me, I designate the following as my contingent beneficiary(ies), reserving the right to change designation at a later date:

1. \_\_\_\_\_  
Name In Full Date of Birth

\_\_\_\_\_

Address

\_\_\_\_\_

Relationship Social Security Number % of Benefit

2. \_\_\_\_\_  
Name In Full Date of Birth

\_\_\_\_\_

Address

\_\_\_\_\_

Relationship Social Security Number % of Benefit

(If more space for beneficiary(ies) is needed, attach another sheet.)

**SECTION IV - Spousal Consent**

I, \_\_\_\_\_, am the spouse of \_\_\_\_\_  
(Spouse's Name) (Employee's Name)

and understand and acknowledge that (i) the effect of the Beneficiary Designation made by the above-mentioned Employee may be to forfeit benefits I would be entitled to receive upon my spouse's death, (ii) my spouse's designation is not valid unless I consent to it and (iii) my consent is irrevocable unless my spouse files another Beneficiary Designation under the terms of the plan.

\_\_\_\_\_  
Signature of Spouse Date

\_\_\_\_\_  
Witnessed By Notary Public (Seal) Date

**SECTION V - Employee Signature**

**Check to make sure that you have completed each section of the Beneficiary Designation Form fully before signing. Return this form to Human Resources.**

\_\_\_\_\_  
Employee Signature Date