FUTURE INVESTMENT ELECTION

Plan Name

I hereby elect to have my contributions/deferrals invested as follows:

INVESTMENT OPTION	PERCENTAGE %
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL MUST EQUAL 100%	100%

I understand that my account balance will be increased by investment gains and reduced by investment losses. I understand that the Trustee(s) is not responsible for investment performance.

Dated the _____ day of _____, 2003

_____ _____

Print Name Social Security #

Employee Signature

Address

City, State, Zip Code

WARNING: Completing this form will establish your election for future investments only.

Administrative services provided by The Pension Specialists, Ltd.