

Complete, Check Appropriate Boxes, and Sign

EMPLOYEE INFORMATION

Emergency Contact Information

In case of emergency, please contact:

Name: _____

Address: _____

Daytime Phone: _____

Message Phone: _____

E-Mail: _____

Paycheck Handling

Please choose one of the following options for transmitting paycheck or direct deposit information record.

Hold for pick-up at JAG Professional Services Inc., office located at: 1756 Manhattan Beach Bl., Manhattan Beach, CA 90266.

NOTE: Checks will be available after 8:30 a.m. on Thursday for deposit on Friday.

Mail to the address on my W-4 form.

Mail to the following alternate address:

401(k) Retirement Plan – Automatic Enrollment

Global Retirement Solutions 401(k) Plan (www.GRS401kPlan.com)

I elect to contribute the following percentage of my pretax compensation each payroll period to the Plan:

___% (max 90% - default 3%) or dollar amount: \$ _____.

Please stop at \$ _____ this year (adjust for any previously made contributions this year).

Limits for 2012: \$17,000 or \$22,500 (if 50 years old or older). Enroll at www.GRS401kPlan.com

I do not want to enroll in the 401(k) Plan. This election will not prohibit any future election I may make to contribute to The Plan.

Note: Failing to check a box or not specifying \$/% will automatically enroll you at 3%.

Safety Booklet and Policy Statements

I have reviewed and understand JAG Professional Services' Employee Safety Booklet, Policy Statements, and JAG Policy and Procedure Checklist, and I agree to comply with the safety and policy guidelines while employed by JAG Professional Services, Inc.

Signature: _____

Date: _____

Employee Orientation Complete

JAG Professional Services Rep Signature: _____

Date: _____