



**PITTSBURGH JOB CORPS CENTER**  
7175 Highland Drive  
Pittsburgh, PA 15206  
412-441-8700 (phone)  
412-441-1586 (fax)

Welcome to Pittsburgh Job Corps Center (PJCC)! Enclosed is a 401k enrollment packet.

Please take time to read this information carefully as these elections are binding and subject to rules and regulations.

- The 401(k) plan is set up with a two percent (2%) match of the first 4% of salary the first of the month following 30 days of employment
- The 401-k plan is set up to an automatic enrollment with an option to decline.

Instructions for enrolling or declining Odle 401k:

- If you would like to enroll, you will need to fill out sections 1, 2, and sign and date section 4.
- If you do not wish to participate, you will need to complete section 2 by checking the box that states "I do not wish to make contributions to the plan at this time", as well as sign and date section 4.

Additional notes:

- If you wish to specify your investment selections, they can do so in Section 3, although you can also do this online.
- If you wish to rollover your 401k from a previous employer, you should complete the Incoming Rollover request form instead.

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By my signature below, I acknowledge that I have received the Odle Management 401 k plan enrollment packet and understand guidelines identified above. I also understand that by not opting out of the 401k plan, I will automatically be enrolled at 4% of my pay into the default investment fund.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

Sections 1, 2, & 4 must be filled out.  
Section 3 is optional



### Retirement Plan Enrollment/Change

**Employer — complete this section and retain this form for your records**

#### Employer authorization

Odle Management Group, LLC  
Name of employer, organization or company

Odle Management Group LLC 401k Profit Sharing Plan and Trust BRK148185  
Name of plan Plan ID number

The employee named in Section 1 below is eligible to participate in the plan as of \_\_\_\_\_  
(mm/dd/yyyy)

\_\_\_\_\_  
Name of person authorized to sign for the employer (print) Title

X \_\_\_\_\_ Date (mm/dd/yyyy)  
Authorized signature

**Employee — complete sections 1-4, then return this form to your employer**

#### 1 Employee information

*Please type or print clearly.*

Select one of the following:  New plan enrollment  Changes to existing account

\_\_\_\_\_  
Full name (include middle initial) SSN

\_\_\_\_\_  
Residence address (physical address required — no P.O. boxes) City State ZIP

\_\_\_\_\_  
Mailing address (if different from residence address) City State ZIP

\_\_\_\_\_  
Email address Daytime phone

\_\_\_\_\_  
Date of birth (mm/dd/yyyy) \_\_\_\_\_  
Date of hire (mm/dd/yyyy) \_\_\_\_\_  
County of citizenship

Marital status:  Married  Single

#### 2 Employee contributions

*Before completing this section, check with your plan to determine the available contribution options.*

I authorize my employer to withhold from my wages each pay period:

Before-tax contributions of \_\_\_\_\_%

After-tax Rollover contributions of \_\_\_\_\_%

Catch-up contributions of \_\_\_\_\_%

I DO NOT wish to make contributions to the plan at this time.



## Retirement Plan Enrollment/Change

### 3 Investment Selection

Before completing this section, check with your plan to determine the available investment options.

Invest my contributions as follows (Only whole percentages will be accepted; must total 100%.):

Investment name	Percentage
2. American Funds Growth Fund of America	_____ %
4. American Funds New World Fund	_____ %
6. American Funds Cap World Growth & Income	_____ %
8. American Funds Washington Mut Inv Fund	_____ %
10. American Funds American Balanced	_____ %
12. American Funds U.S. Government Money Market Fund	_____ %
14. American Funds Target Date 2055	_____ %
16. American Funds Target Date 2045	_____ %
18. American Funds Target Date 2035	_____ %

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AMERICAN  
FUNDS®  
From Capital Group

Retirement Plan Enrollment/Change

**3 Investment selection**  
(continued)

Investment name	Percentage
20. American Funds Target Date 2025	_____ %
22. American Funds Target Date 2015	_____ %
Total _____ %	

Any contributions to participant accounts (payroll deferrals and rollovers) made before your employer updates your investment selections will be invested in the plan's default investment. Assets will remain in the default investment until you use the participant website to exchange assets into the investments of your choice.

**4 Employee signature**

By signing below, I acknowledge that I have authorized my employer to allocate my investments as specified in Section 3. I acknowledge that I have completed a beneficiary designation form.

\_\_\_\_\_  
Participant Name

\_\_\_\_\_  
Date (mm/dd/yyyy)

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