



INITIAL ENROLLMENT FORM

Highmark Companies 401(k) Profit Sharing Plan and Trust

1 Information (about you)

First Name (print)			MI	Last Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number			Date of Birth (mm-dd-yyyy)			Date of Hire (mm-dd-yyyy)

Mailing Address	City	State	Zip
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Phone Number (mobile # preferred) Email Address

Check here to sign up for Electronic Statements*

**If electing Electronic Statements, you may switch to paper statements at any time by updating your personal setting on the participant website*

2 Contribution Election

I understand that the sum of my Salary Deferral Contribution (pre-tax) and Designated Roth Contribution (after-tax) may not exceed \$22,500 for the calendar year 2023, plus if I am age 50 by 12/31/2023 I am eligible to contribute an additional \$7,500.

- I elect to contribute ____% of my pay as a Salary Deferral Contribution (pre-tax) each pay period.
- I elect to contribute ____% of my pay as a Designated Roth Contribution (after-tax) each pay period.
- I do NOT want to participate. I understand that I may reconsider my decision at a future date.

3 Investment Allocation

Enter the percentage you want to invest in each option below, making certain that the total is equal to 100%. If no elections are made, any deposits made to your account will be invested in the Default Investment selected by the Plan Sponsor.

Stable Value / Money Market	_____ % T. Rowe Price Retirement 2010 I (TRPAX)
_____ % Galliard Retirement Income Fund CI 35 (WGRITX)	_____ % T. Rowe Price Retirement 2015 I (TRFGX)
Fixed Income	_____ % T. Rowe Price Retirement 2020 I (TRBRX)
_____ % PIMCO Income Fund Instl (PIMIX)	_____ % T. Rowe Price Retirement 2025 I (TRPHX)
_____ % Vanguard Interm-Term Bond Index Adm (VBILX)	_____ % T. Rowe Price Retirement 2030 I (TRPCX)
Balanced	_____ % T. Rowe Price Retirement 2035 I (TRPJX)
_____ % American Funds Moderate Gr & Inc R-6 (RBAGX)	_____ % T. Rowe Price Retirement 2040 I (TRPDX)
Target Date Funds	_____ % T. Rowe Price Retirement 2045 I (TRPKX)
_____ % T. Rowe Price Retirement 2005 I (TRPFX)	_____ % T. Rowe Price Retirement 2050 I (TRPMX)

_____ % T. Rowe Price Retirement 2055 I (TRPNX)

_____ % T. Rowe Price Retirement 2060 I (TRPLX)

_____ % T. Rowe Price Retirement 2065 I (TRFKX)

Domestic Equity

_____ % American Century Mid Cap Value R6 (AMDVX)

_____ % JPMorgan Mid Cap Value R6 (JMVYX)

_____ % JPMorgan Small Cap Growth R6 (JGSMX)

_____ % MFS Growth R6 (MFEKX)

_____ % Principal SmallCap R-6 (PSMLX)

_____ % T Rowe Price Diversified Mid-Cap Growth (PRDMX)

_____ % Vanguard 500 Index Adm (VFIAX)

_____ % Vanguard Small Cap Value Index Adm (VSIAX)

_____ % Vanguard Value Index Adm (VVIAX)

International / Global Equity

_____ % Invesco Developing Markets Y (ODVYX)

_____ % MFS Intl Diversification R6 (MDIZX)

_____ % **TOTAL = 100%**

4 Required Signature

By signing below, I acknowledge that I have received and read the Summary Plan Description and the annual investment information notice. I understand that the value of investments may fluctuate over time and that there are risks associated with each investment option. I understand that the investment allocation instructions will remain in effect until I replace them by making changes through the use of the retirement plan website or voice-response system. Further, I understand that the contribution amounts will remain unchanged until I contact my Human Resources Department.

_____ **X** _____
 Participant Name (print) Participant Signature Date

Return completed form to your Human Resources Department.

Plan Sponsor Authorization

_____ **X** _____
 Authorized Plan Signer Name (print) Authorized Plan Signer Signature Date



BENEFICIARY DESIGNATION FORM

Highmark Companies 401(k) Profit Sharing Plan and Trust

1 Information (about you)

First Name (print) _____ MI _____ Last Name _____

- -

Social Security Number _____ Date of Birth (mm-dd-yyyy) _____

Marital Status: Married Single

If you are married you must name your spouse as the sole primary beneficiary unless your spouse consents in writing to you designating another Primary beneficiary. If you are not married at the time you designate your beneficiaries and subsequently marry, 100% of your vested account balance will be paid at the time of death to your surviving spouse unless your spouse consents in writing (see Section 3: Spousal Consent).

2 Beneficiary Designation

I revoke all previous designations and direct that any benefit proceeds be distributed upon my death to the designated beneficiary(ies) below. In the event that no Primary or Contingent Beneficiaries survive me, any benefit payments will be distributed according to the terms of the plan document.

X _____ Initial here if you would like to designate additional beneficiaries that do not fit within the spaces provided here. Please write the information on a separate sheet of paper. Sign and date the page, and staple it to this form.

A) PRIMARY BENEFICIARY(IES) Beneficiaries will share equally if percentages are not provided.

1. _____ %

Name (First, Middle Initial, Last) _____ Relationship _____

- -

Social Security Number _____ Date of Birth (mm-dd-yyyy) _____

Mailing Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____

2. _____ %

Name (First, Middle Initial, Last) _____ Relationship _____

- -

Social Security Number _____ Date of Birth (mm-dd-yyyy) _____

Mailing Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____

PRIMARY BENEFICIARY(IES) TOTAL = 100%

B) CONTINGENT BENEFICIARY(IES) (complete ONLY if naming a Primary Beneficiary above)

If no Primary Beneficiary survives the Participant, benefits will be paid to the Contingent Beneficiaries below. Beneficiaries will share equally if percentages are not provided.

1. _____ %

Name (First, Middle Initial, Last) _____ Relationship _____

- -

Social Security Number Date of Birth (mm-dd-yyyy)

Mailing Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____

2. _____ %

Name (First, Middle Initial, Last) _____ Relationship _____

- -

Social Security Number Date of Birth (mm-dd-yyyy)

Mailing Address _____ City _____ State _____ Zip _____

Phone Number _____ Email Address _____

CONTINGENT BENEFICIARY(IES) TOTAL = 100%

3 Spousal Consent (complete only if married and your sole primary beneficiary is not your spouse)

I am the spouse of the participant whose name appears on this form. I irrevocably consent to the designation made by my spouse to have any death benefits paid to the named beneficiary(ies) in Section 2: Beneficiary Designation. I understand that by consenting to this designation, I am foregoing both present and future rights to these benefits if my spouse dies. I further understand my consent is irrevocable unless my spouse revokes the Primary Beneficiary designation on this form. By my signature below, I approve the designation made. I acknowledge that I had the opportunity to consult my attorney or other professional concerning this waiver, if I had so desired.

_____ _____

Spouse Full Name (print) Spouse Signature Date

Either a plan representative appointed by the Employer or a notary public must witness the signature of the spouse.

_____ _____

Plan Representative Name (print) Plan Representative Signature Date

Sworn to and subscribed before me, this _____ day of _____, 20_____.

In the County of _____, State of _____.

_____ _____

Notary Public Name (print) Notary Public Signature Date Commission Expires

4 Required Signature

Subject to the spousal consent requirements, I understand that I may revoke or change this designation at any time by filing a new designation of beneficiary with the Employer, and that by doing so, I revoke all prior designations.

_____ X _____
Participant Name (print) Participant Signature Date

Return original copy of completed form to your Human Resources Department.

Plan Sponsor Authorization

_____ X _____
Authorized Plan Signer Name (print) Authorized Plan Signer Signature Date