



The Standard®

DePaul Industries 401(k) Pension Plan

#800684

Sign up now! Simply complete the information below to begin saving in your retirement plan. *Return the completed form to: Human Resources.*

YOUR INFORMATION

Social Security Number	Last Name	First Name	
Mailing Address	City	State	Zip
Date of Birth (mm/dd/yy)	Date of Hire (mm/dd/yy)	E-mail Address	Phone

HOW MUCH DO YOU WANT TO SAVE?**Pre-Tax Savings (Check One)**

The smallest amount you can contribute is 1% of your compensation. The most you can save during 2014 is \$17,500 (\$23,000 if you are age 50 or older). Other plan or legal limits may also apply.

I elect to contribute as pre-tax contributions:

- _____ % \$_____ per paycheck
- No pre-tax amounts at this time. I elect to opt out of pre-tax contributions and understand I can enroll at a later time.

Roth Savings (Check One)

Enter the after-tax amount you wish to contribute to your Roth retirement savings account. The smallest amount you can contribute is 0% of your compensation. The most you can save during 2014 (including any pre-tax contributions) is \$17,500 (\$23,000 if you are age 50 or older). Other plan or legal limits may also apply.

- _____ % \$_____ per paycheck
- I elect not to make Roth contributions at this time. I understand I can change my election at a later time.

AUTHORIZATION

I authorize my employer and the plan administrator to deduct from my earnings the amounts determined by the percentage(s) designated above and to forward such amounts to the Plan. I also direct my employer and the plan administrator to implement any other instructions I have provided on this form. I have read the Disclosure Statement that follows and, by signing here, I agree to be bound by its terms. The employer, trustees and any others concerned with the administration of the Plan are entitled to rely on these instructions; each shall be fully protected in taking or omitting any action under any provisions of the Plan in reliance on the information I have provided and selection I have made.

Participant Signature _____

Date _____

NEXT STEPS

When you submit this completed form, your employer will implement your contribution request at the first opportunity allowed under the Plan, assuming that you are eligible to participate.

When the completed form is received by The Standard, it will be processed within two business days. This form will override any changes previously made using INFOLINE or Personal Savings Center.

To make changes to your contribution amount after you have enrolled, please complete a new Savings Form, available from Human Resources or on our Web site at www.standard.com/retirement. Please return the completed form to your employer. To speak to a customer service representative you may call INFOLINE at 800.858.5420.

To select how you want your money to be invested, please use the Investing Form.

DISCLOSURE STATEMENT

You must notify The Standard within 15 days of receipt of your quarterly account statement if an error occurred, or if you requested and confirmed an investment transfer or directive change that was not completed during the period covered by the statement. You may give notice by contacting a customer service representative at **800.858.5420** or by e-mailing **savings@standard.com**. Unless you give such notice, The Standard will not be liable for any resulting loss to your account. In any case, The Standard will not be liable if circumstances beyond its control prevent the transaction, or if its liability is otherwise limited by regulation or agreement.

The Standard is the marketing name for StanCorp Financial Group, Inc. and its subsidiaries. StanCorp Equities, Inc., member FINRA, distributes group annuity contracts issued by Standard Insurance Company and may provide other brokerage services. Third-party administrative services are provided by Standard Retirement Services, Inc. Investment advisory services are provided by StanCorp Investment Advisers, Inc., a registered investment advisor. StanCorp Equities, Inc., Standard Insurance Company, Standard Retirement Services, Inc., and StanCorp Investment Advisers, Inc. are subsidiaries of StanCorp Financial Group, Inc. and all are Oregon corporations.



YOUR INFORMATION

Social Security Number	Last Name	First Name	
Mailing Address	City	State	Zip
Date of Birth (mm/dd/yy)	Date of Hire (mm/dd/yy)	E-mail Address	Phone

WHERE DO YOU WANT TO INVEST YOUR SAVINGS?

The Standard can help you manage your investments when you select an Asset Allocator Portfolio. You may also create your own portfolio by completing the Build It Yourself section below. If you do not indicate where to invest your savings, your assets will be placed in the plan's default fund(s). The decisions you make regarding your investments will stay in effect until you modify them via The Standard's Web site (www.standard.com/retirement) or via INFOLINE (800.858.5420).

Complete either the Asset Allocator Portfolios or the Build it Yourself subsections, not both.

Asset Allocator Portfolios Choose ONE of the Asset Allocator Portfolios below by checking the appropriate box. The allocation for each of these portfolios can be found on the reverse side of this form.

<input type="checkbox"/> Portfolio 1	<input type="checkbox"/> Portfolio 2	<input type="checkbox"/> Portfolio 3
<input type="checkbox"/> Portfolio 4	<input type="checkbox"/> Portfolio 5	<input type="checkbox"/> Portfolio 6

Build It Yourself Select your own investments by entering whole percentages below. Be sure that your selections total 100% and that the minimum in any one investment is 1%.

¹Signifies a scheduled fund termination that will occur in the next 120 days. ²Redemption fee may apply to short-term investments.

___% Guaranteed Interest Fund	___% Harbor Bond	___% Vanguard L S Cons Grwth Inv
___% Vanguard Wellington Adm	___% Vanguard L S Mod Growth Inv	___% Vanguard Windsor II Adm
___% American Century Value	___% Sentinel Common Stock I	___% Vanguard PRIMECAP Adm
___% T.Rowe Price Blue Chip Grow	___% Harbor Capital Appreciation	___% JPMorgan Mid Cap Value I
___% Columbia Mid Cap Index R5	___% Neuberger Berman Mid Cap Gr In	___% Columbia Acorn Z
___% AllianzGI NFJ Sm Cap Val Inst	___% Royce Pennsylvania Mutual Inv	___% Vanguard Explorer Adm
___% Vanguard L S Growth Inv	___% Dodge and Cox Intl Stock	
100% Total		

AUTOMATIC REBALANCER

Check a box below to select the Automatic Rebalancer service for your Plan account. If you select this service, your account assets will be rebalanced to match your investment directives at the time of rebalancing. Automatic Rebalancer will remain off if you do not make a selection below.

How often would you like your account rebalanced? Quarterly Semiannually Annually

AUTHORIZATION

I authorize my employer and the plan administrator to invest my savings as outlined on this form. I also direct my employer and the plan administrator to implement any other instructions I have provided on this form. I have read the Disclosure Statement on this form and, by signing here, I agree to be bound by its terms. The employer, trustees and any others concerned with the administration of the Plan are entitled to rely on these instructions; each shall be fully protected in taking or omitting any action under any provisions of the Plan in reliance on this information.

Participant Signature _____

Date _____

ASSET ALLOCATOR PORTFOLIO DESCRIPTION

	Portfolio 1	Portfolio 2	Portfolio 3	Portfolio 4	Portfolio 5	Portfolio 6
Cash Equivalent	50%	40%	40%	30%	15%	0%
Guaranteed Interest Fund	50%	40%	40%	30%	15%	0%
Bonds	20%	15%	0%	0%	0%	0%
Harbor Bond	20%	15%	0%	0%	0%	0%
Large Cap Stocks	10%	15%	25%	30%	40%	45%
Sentinel Common Stock I	10%	15%	10%	10%	15%	15%
Harbor Capital Appreciation	0%	0%	10%	15%	15%	20%
Vanguard Windsor II Adm	0%	0%	5%	5%	10%	10%
Small/Mid Cap Stocks	5%	15%	25%	30%	35%	45%
Columbia Mid Cap Index R5	5%	15%	20%	10%	10%	15%
Neuberger Berman Mid Cap Gr In	0%	0%	0%	10%	15%	15%
JPMorgan Mid Cap Value I	0%	0%	0%	5%	5%	5%
Vanguard Explorer Adm	0%	0%	5%	5%	5%	10%
International Stocks	5%	5%	10%	10%	10%	10%
Dodge and Cox Intl Stock	5%	5%	10%	10%	10%	10%
Other	10%	10%	0%	0%	0%	0%
Vanguard Wellington Adm	10%	10%	0%	0%	0%	0%

NEXT STEPS

Your employer will forward the completed form to The Standard. Upon receipt, The Standard will process it within two business days. This form will override any changes previously made using INFOLINE or Personal Savings Center.

For information about redemption fees that may apply to certain funds signified by "2" on the reverse side, please contact The Standard at 800.858.5420.

To make changes to your account after you have signed up, please use our Web site at www.standard.com/retirement or call INFOLINE at 800.858.5420.

To select the amount you wish to save, please use the Savings Form.

DISCLOSURE STATEMENT

You must notify The Standard within 15 days of receipt of your quarterly account statement if an error occurred, or if you requested and confirmed an investment transfer or directive change that was not completed during the period covered by the statement. You may give notice by contacting a customer service representative at **800.858.5420** or by e-mailing savings@standard.com. Unless you give such notice, The Standard will not be liable for any resulting loss to your account. In any case, The Standard will not be liable if circumstances beyond its control prevent the transaction, or if its liability is otherwise limited by regulation or agreement.

The Standard is the marketing name for StanCorp Financial Group, Inc. and its subsidiaries. StanCorp Equities, Inc., member FINRA, distributes group annuity contracts issued by Standard Insurance Company and may provide other brokerage services. Third-party administrative services are provided by Standard Retirement Services, Inc. Investment advisory services are provided by StanCorp Investment Advisers, Inc., a registered investment advisor. StanCorp Equities, Inc., Standard Insurance Company, Standard Retirement Services, Inc., and StanCorp Investment Advisers, Inc. are subsidiaries of StanCorp Financial Group, Inc. and all are Oregon corporations.



Beneficiary Designation for Death Benefits Form

The Standard®

DePaul Industries 401(k) Pension Plan

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See reverse for instructions and explanation.

PARTICIPANT Complete this section (and Spouse section, if necessary), and submit to your employer

Name of Participant

Social Security Number

Date of Birth

I have read the explanation on the back of this form. I understand that if I am married, (1) and if I die before I retire, my Plan Benefits will be paid to my spouse in the form of a Qualified Preretirement Survivor Annuity (QPSA, a life annuity), (2) I have the right to waive the form of payment, provided my spouse consents to the waiver, (3) I have the right to waive payment to my spouse as sole beneficiary, provided my spouse consents to the waiver, and (4) I can revoke these waivers at many time. If I am under age 35, I understand that this election will become invalid when I reach 35; I may then make a new election. This designation supersedes any previous designation.

I designate as my beneficiary for benefits from this plan:

Name of Primary Beneficiary (please print)

Name of Contingent Beneficiary (please print)

Relationship

Date of Birth

Relationship

Date of Birth

Current Address

Current Address

I am married unmarried

If I am married and have designated someone other than my spouse as my primary beneficiary, this designation will be effective only if my spouse consents to it by signing in the spouse section below.

I choose to waive payment of death benefits in the form of a QPSA and instead choose payment in the form of _____ (Consult the Plan Administrator for alternate forms.) I acknowledge that this choice will be effective only if my spouse consents to it by signing below. (The beneficiary may elect another form at the time a death benefit is payable.)

X _____
Participant Signature

Date

Please keep a copy of this form for your records

SPOUSE Complete this section if the participant designated a non-spouse beneficiary or waived the QPSA. Your consent must be witnessed by a Plan Representative or Notary Public.

I have read the explanation on the back of this form. I understand the terms of the QPSA and I understand that my consent is irrevocable unless the participant revokes that election.

I consent to the beneficiary designation made by the participant. I understand that if the participant dies prior to retirement, any benefits under the Plan will be paid to the designated beneficiary.

I consent to the election by the participant to waive payment in the form of a QPSA. I understand that if the participant dies prior to retirement, any benefits under the Plan will be paid in the form the participant has elected above, or in another form elected by the participant or by the beneficiary.

Name of Spouse (please print)

X _____
Signature of Plan Administrator or Notary Public

Date

X _____
Spouse Signature

Date

Title

PLAN REPRESENTATIVE Complete this section if there is no Spouse signature

I, _____, state that it has been established to my satisfaction that spousal consent to this election cannot be obtained because there is no spouse, the spouse cannot be located, or other circumstances make obtaining such spousal consent impossible.

X _____
Plan Representative Signature

Title

Date

INSTRUCTIONS

- Participant must complete the "Participant" Section, and if necessary, have his or her spouse complete the "Spouse" Section.
- The participant should then return the form to the employer who will complete the "Plan Representative" Section, if applicable, and keep the completed form on file for future reference.

EXPLANATION OF DEATH BENEFIT

MARRIED PARTICIPANTS

If you die before you retire, your retirement plan provides that any plan benefits to which you are entitled will be paid to your surviving spouse in the form of a Qualified Pre-retirement Survivor Annuity (QPSA). A QPSA provides for monthly income for the life of your spouse. Your surviving spouse is the spouse to whom you are married throughout the one-year period ending on your date of death.

However, if your spouse consents in writing, you may elect to waive payment in the form of an annuity for the life of your spouse, or you may designate a beneficiary other than your spouse to receive the benefit, or both. Your spouse's consent must be witnessed by the Plan Administrator or the Plan Administrator's representative or by a Notary Public.

When your spouse has consented in writing to your election to waive the life annuity, you may choose to receive payment in any form allowed by the plan. After your death, your beneficiary may also elect any form of payment allowed by the plan.

You may not change your beneficiary designation without your spouse's written consent.

You may revoke your election at any time. To make a new election, you must again obtain your spouse's written consent. If you are not yet age 35 when you make such an election, your election will become invalid on the first day of the plan year in which you reach age 35. At that time, you may make a new election.

UNMARRIED PARTICIPANTS

You may designate a beneficiary to receive any benefits to which you are entitled if you die before you retire. The plan provides that your benefits will be paid to your beneficiary in a lump sum. However, your beneficiary may elect another form of payment allowed by the plan after your death.

If you marry after completing this form, your beneficiary designation may no longer be valid and your spouse may be entitled to the benefits described above for married participants.

IF YOUR MARITAL STATUS CHANGES OR IF YOU HAVE ANY QUESTIONS ABOUT THIS EXPLANATION, PLEASE CONTACT THE PLAN ADMINISTRATOR.