

Newkirk agrees to prepare and publish its Targeted Communications for the following Account. This form must be fully completed and the employee census data (in the proper format) must be received at Newkirk before the order will be processed.

Company Name _____

Billing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Company Representative _____

Special Instructions _____

Logo: Yes No

Check all that apply*:

- Asset Allocation Increase Contributions
- Distribution Options Newly Eligible/Enrollment
- Gap Analysis (see page 4) SmartMailer

*A separate participant list must be sent for each selected version.

The following pages outline the data required to fulfill your order. Data may be sent by Excel file or .csv file. The customer must provide the data as specified.

Newkirk agrees to use its best efforts to provide accurate copy in and processing of the Targeted Communications. If any error or omission does occur as a result of Newkirk's actions, Newkirk's liability under this agreement is strictly limited to replacement of the Targeted Communications at Newkirk's cost.

TERMS: NET 30 DAYS. 2% CHARGE PER MONTH (24% PER YEAR) ON BALANCES NOT PAID WITHIN 30 DAYS OF DATE OF INVOICE.

Accepted by _____ Accepted by _____

For Newkirk Products, Inc. ("Newkirk") For _____

Dated _____ Dated _____

Targeted Communications Set-up Charges

First Time Users \$600 (check box if company is first time user)

Newkirk imposes a one-time set-up charge for access to its NewkirkOne Targeted Communications. This one-time step allows for customization on the provider-level and facilitates shipping, billing, etc. Once configured, a paper-based provider can convert to an Internet-based provider by paying the difference between the two services. *Internet-based providers pay an annual licensing fee of \$2,500. The \$600 will be credited toward the first year annual license. Contact your sales representative for details.*

SmartSingles Pricing	
Participants	Unit Cost
1 - 999	\$1.45
1,000 - 1,999	1.15
2,000 - 4,999	.95
5,000+	.85
\$300 minimum charge. Add \$150 for plan sponsor's logo.	
Prices above include: Data Preparation; Processing and Lasereng; #10 Double Window Envelope; Folding; Inserting and Mailing Preparation.	
Pricing does NOT include postage or shipping and handling.	

SmartMailer Pricing	
Participants	Unit Cost
1 - 999	\$1.20
1,000 - 1,999	.95
2,000 - 4,999	.85
5,000+	.75
\$275 minimum charge. Add \$150 for plan sponsor's logo.	
Prices above include: Data Preparation; Processing and Lasereng; Folding; Mailing Preparation.	
Pricing does NOT include postage or shipping and handling.	

Custom Option

Newkirk can customize your Targeted Communications. Pricing for customization is based on your requirements. Please call for a quote.

Participant File Format

File needs to be in Comma Separated (.csv) or Excel (.xls) format if sending to Newkirk.
File must be in Comma Separated (.csv) format if being uploaded to system directly.

Fields Needed:

Participant ID (must be unique to each participant)
Participant Last Name
Participant First Name
Participant Address 1
Participant Address 2 (optional)
Participant Address 3 (optional)
Participant City
Participant State
Participant Zip Code
Participant Birth Date
Participant Salary
Current Deferral Percentage

Optional (if not included, customer defined defaults will be used):

Number of Exemptions
Marital Status
Payroll Frequency

Optional (no defaults):

Current Account Balance*
Current Account Balance As of Date*

* Required for Gap Analysis

Formatting Guidelines

No special characters (i.e., \$, %, commas, hyphens, #, etc.).

Participant IDs should be numeric with no hyphens.

Birth dates should be mm/dd/yyyy.

Zip codes should be formatted as zip codes in Excel file as 5 digits only.

Salary should be numeric value with no \$ or commas. Decimals are okay.

Deferral % should be in whole numbers.

Shipping Information

Please select one: Bulk Mail *(fill out form below)*
 Home Mail *(addresses from supplied participant file will be used)*

Account Name _____

Company Representative _____

Shipping Address (No PO Boxes) _____

City _____ State _____ Zip _____

Sponsor Information

Short Name _____

Long Name _____

Abbreviation _____
(optional)

Customer Number _____
(optional)

First Name _____ MI _____ Last Name _____

Title _____

Address 1 _____

Address 2 _____

City _____ State _____ Zip _____

E-mail _____

Phone _____ Fax _____

Plan Information

Full Name of Plan _____
(There is a 160 character maximum)

Plan Number _____
(There is a 20 digit maximum)

Plan ID _____
(optional)

Type of Plan

<input type="radio"/> 401(k)	<input type="radio"/> 401(a) Profit Sharing
<input type="radio"/> 401(k) Profit Sharing	<input type="radio"/> 401(a) Money Purchase
<input type="radio"/> 401(k) Money Purchase	

Employee Contributions?

- Employee Elective Deferrals? Yes No
 - Percentage Maximum Amount _____ % of compensation.
 - Percentage Limit Range. The minimum _____ % and maximum _____ % of compensation an employee may defer.
 - The maximum allowed by law.
- Are Rollover Contributions Allowed? Yes No
- Are Catch-up Contributions Allowed? Yes No

Employer Contributions?

- Employer Match on Elective Deferrals? Yes No

Employer Match on Elective Deferrals

- Single Level Match: Match is an amount equal to _____ % of employee's elective deferrals, up to _____ % of compensation.
- Tiered Match: The first _____ % of pay contributed will be matched _____ % by the employer. The next _____ % of pay contributed will be matched _____ %. The next _____ % of pay will be matched _____ %.

Preferences

Illustration Options

- Salary to be used \$ _____ (standard default \$30,000)
- Annual return rate to be used _____ % (standard default 6%)
- Include employer match in calculations? Yes No
- Include existing balance in calculations? Yes No
- Payroll frequency Weekly (52) Bi-weekly (26) Semi-monthly (24) Monthly (12)
- Contribution levels for match examples _____ %, _____ %, _____ %, _____ %, _____ %
(default) 2 4 6 8 10
- Default age to be used _____ (standard default 30)
- Retirement age for calculations _____ (standard default 65)
- Default marital status to be used for calculations Single Married
- Default number of exemptions to be used for calculations _____

Investments

- Default Fund _____

GAP Analysis

- Replacement Income Percentage _____ (standard default 80%)
- Number of Years Participant Will Spend in Retirement _____ (standard default 20)
- Maximum Deferral Percent Recommended to Participants _____
- Choose graphic design platform:

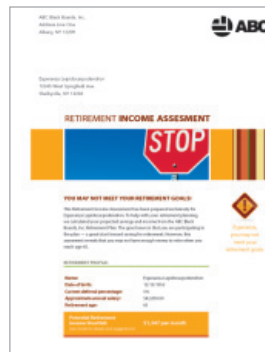


Gap/No Gap

Gap

No Gap **OR**

Both



Gap



No Gap

Gap

No Gap

Both

Obtaining Plan Information

- VRU available? Yes No VRU phone number _____
- Website available? Yes No Website address _____
- Online enrollment available? Yes No
- CSR available? Yes No CSR phone number _____
- CSR service days _____
- Hours _____