

Administrative Resources Inc 401(k) Plan

PARTICIPANT ENROLLMENT FORM

1. PARTICIPANT INFORMATION

Name _____ Birth Date _____

Address _____ Social Security # _____

City _____ State _____ Zip _____ Date Hired _____

2. PAYROLL DEDUCTION ELECTION

_____ I wish to participate at this time. The total amount to be deducted from my paycheck will be \$ _____ or _____% per pay period.

Note: This deduction will continue until your employer receives your written notice of a change.

_____ I do not wish to make a contribution at this time.

3. INVESTMENT SELECTION

	<u>Future Contributions</u>	<u>Transfer of Existing Account Assets</u>
DWS Cash Reserves Fund	_____ %	_____ %
DWS US Govt Securities	_____ %	_____ %
DWS High Income Fund	_____ %	_____ %
DWS International Fund	_____ %	_____ %
DWS Global Opportunities Fund	_____ %	_____ %
DWS Balanced Fund	_____ %	_____ %
DWS-Dreman High Return	_____ %	_____ %
DWS Technology Fund	_____ %	_____ %
DWS Blue Chip Fund	_____ %	_____ %
DWS Mid Cap <u>Growth</u> Fund	_____ %	_____ %
DWS Capital Growth Fund	_____ %	_____ %
DWS Growth Allocation	_____ %	_____ %
DWS Moderate Allocation	_____ %	_____ %
DWS Conservative Allocation	_____ %	_____ %

4. BENEFICIARY INFORMATION

Note: If you are married and wish to name someone other than your spouse as your beneficiary, your spouse must consent to the designation. A spousal consent form may be obtained from your employer.

Primary _____
Name Relationship

Contingent _____
Name Relationship

5. CERTIFICATION

By signing this authorization, you:

- a. Acknowledge receipt of the current prospectus of the mutual fund(s) selected above.
- b. Authorize your employer to deduct from your compensation the amount stated in item 3.
- c. Authorize your Trustee(s)/Plan Administrator to invest your FUTURE CONTRIBUTIONS as indicated in item 3.
- d. Certify that you have the power and authority to establish this account and give the instructions stated herein. This account is subject to the terms of the Funds' prospectuses as amended from time to time, and the terms herein set forth, and is subject to acceptance by the funds and the laws of Illinois. All terms shall be binding upon the heirs, representatives and assigns of the account owner.

Participant's Signature

Date