## CONFEDERATED TRIBES OF COLVILLE RESERVATION RETIREMENT PLAN ENROLLMENT FORM FOR FIRST-TIME ENROLLEES

(11/05)

PERSONAL INFORMATION			
me:	Social Security Number	Social Security Number:	
dress:	Birth Date:	Hire Date:	
ry, State Zip:	Home:	Work:	
CONTRIBUTION ELECTION			
I wish to make 401(k) contributions to the Retirement Plane of my gross salary on a pre-tax basis and contribute my pay		byment. Please deduct the following percenta	
Percer	nt of Pay Each Pay Period (must be between 1% and 10	00% of pay)	
Total 401(k) contributions may not exceed \$15,000 <b>2006, the maximum deferral amount for 2006 is \$</b>	for calendar year 2006. <b>If you are 50 years ol</b>	d or will attain age 50 by December 3	
I DO NOT wish to make 401(k) contributions to Plan at th		, , ,	
INVESTMENT ELECTIONS FOR CONTRIBUTION		,	
Fund Name and Ticker Portfolio A – Conservative	Fund Style  Managed Portfolio	100%	
Portfolio B - Moderately Conservative	Managed Portfolio	%	
Portfolio C - Moderate	Managed Portfolio	%	
Portfolio D - Moderate Aggressive	Managed Portfolio	%	
Portfolio E - Aggressive	Managed Portfolio	%	
AIM Mid Cap Equity Fund (GTAGX)	Mid Cap Growth Fund	%	
American Balanced Fund (ABALX)	Balanced Fund	%	
Bond Fund of America (ABNDX)	Bond Fund	9/0	
Capital Income Builder (CAIBX)	International Fund	%	
Cash Management Fund of America (CTAXX)	Money Market Fund	%	
Dreyfus Small Cap Stock Index Fund (DISSX)	Small Cap Stock Fund	%	
EuroPacific Growth Fund (AEPGX)	International Fund	%	
Growth Fund of America (AGTHX)	Large Cap Growth Fund	%	
Intermediate Bond Fund of America (AIBAX)	Bond Fund	%	
Investment Company of America (AIVSX)	Large Cap Blend Fund	9/0	
American Funds AmCap Growth (AMCPX)	Large Cap Growth Fund Mid Cap Value Fund	%	
Mutual Qualified Fund (TEQIX)		9/0	
Washington Mutual Investors Fund (AWSHX) First Eagle Gold Fund (SGGDX)	Large Cap Value Fund Precious Metals Fund	0/0	
	ion your contributions will be deposited into the Mon		
	lan's investment options please contact Rebecca Powe		
TELEPHONE INSTRUCTION AUTHORIZATION			
I hereby authorize Trautmann, Maher & Associates (TM&A) to any person representing himself or herself to be me furnishing proost or expense for acting upon such telephone/Internet instructions are in fact not given by me. I understand that my to Tribes of Colville Reservation Retirement Plan and any other suthat my right to give telephone/Internet instructions to TM&A	oper identifying information. I acknowledge that TM&A etions when such telephone/Internet instructions are be elephone/Internet instructions to TM&A are subject to ach conditions and limitations as may be communicated	will not be liable for any loss, legal obligati- lieved by TM&A to be genuine, even if s the terms and conditions of the Confedera to me from time to time. I further underst	
AUTHORIZATION			
I confirm the above elections and understand the terms of the Pla communicated to me that affect my elections. I understand I hav my salary reduction election. Furthermore, I have a duty to info Agreement. I understand that my failure to report any discrepant for any contributions required by my elections.	we a duty to review my pay records (pay stub, etc.) to committee if I discover any discrepancy be	nfirm the Employer properly has implement tween my pay records and this Salary Defe	
EMPLOYEE SIGNATURE		DATE	
		D.A.TIE	
AUTHORIZATION		DATE	

Instructions for Division: (1) Review form to make sure that it has been completed correctly, (2) Sign and date the Authorization Section, (3) Retain the original form in the participant's Personnel Folder, and (4) Mail a copy to TM&A.