

EMPLOYEE DIRECTED QUALIFIED PLAN ENROLLMENT FORM

Name of Plan: Sheet Metal Workers Local No. 83 Annuity Plan

Please complete the following accurately and completely with a ballpoint pen; print clearly. The information you provide should be current as of the date the form is completed. All employees who have fulfilled the eligibility requirements to participate in the plan must complete all three sections of the form.

SECTION I - General Information

Social Security Number	Last Name	First Name	MI
Employee Number (if Applicable)	Date of Hire (mm/dd/yy)	Date of Birth (mm/dd/yy)	Sex (M or F)
Number and Street	City	State	Zip

SECTION II - Investment Option Election

I hereby authorize all **Future Contributions** to be invested as follows:

LIFESTYLE FUNDS:

NW INV DEST Aggr SC	_____0%	
NW INV DEST ModAggr SC	_____0%	
NW INV DEST Mod Sc	_____0%	(Default Fund)
NW INV DEST ModCons SC	_____0%	
NW INV DEST Cons Sc	_____0%	

Investment Options	Percentage to be Allocated to Each Investment Option	Investment Options	Percentage to be Allocated to Each Investment Option
Indexed Fixed Grp Ann Contract	_____0%	Drey Appreciation Fnd Inc	_____0%
Thornburg Intl Val Fnd Cls I	_____0%	NW S&P 500 Index SC	_____0%
Opp Global Fnd Cls A	_____0%	Janus Twenty Fund	_____0%
Baron Small Cap Fund	_____0%	Am Fds New Economy Fund R3	_____0%
NVIT Mult-Mgr Sm Co I	_____0%	MFS Value Fnd A	_____0%
AllBer SmMdCap Val K	_____0%	Invesco VK Growth Inc Fd A	_____0%
GdmnSes MidCp Value Fd A	_____0%	Invesco VK Equity Inc A	_____0%
Eagle Series Tr Mid Cap Grth A	_____0%	PIMCO TtlReturn Fnd Cls A	_____0%
WFAF Common Stk Fund Cls Z	_____0%	Gdms Sachs Shrt Dur Govt Bnd A	_____0%
Am Fds Growth Fund of America	_____0%		
		Must Total	100.0%

IF THIS SECTION II IS NOT COMPLETED, I UNDERSTAND THAT THE TRUSTEES WILL INVEST ALL OF MY LOCAL 83 ANNUITY PLAN ACCOUNT IN THE NATIONWIDE INVESTOR DESTINATION MODERATE FUND AND I AUTHORIZE AND DIRECT THEM TO DO SO.

SECTION III - Signature

I certify that the above information is correct. I further understand that I may change my investment elections at any time using the 800 number or the Best of America Web Site and that my employer's contributions to the Sheet Metal Workers Local #83 Annuity Plan will be invested in accordance with the above investment directions until I make changes in my investment options.

Your Signature

Date

For further information concerning the available Funds or to obtain a prospectus for any of the Funds, please call the Local 83 Annuity Fund Office. Please check to make sure that you have fully completed all sections. Return the Plan Copy of this form to the Local 83 Annuity Fund Office.