

**C & T Consulting Services LLP
401(k) ENROLLMENT FORM**

Employee Name (Please print First, MI, Last)

Social Security Number

Mailing Address

City

State

Zip

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Date of Birth

Male/Female

Home Phone

Date of Hire

ELECTION TO CONTRIBUTE

I wish to contribute to my Company's 401(k) Plan. I authorize the following percentage of my salary to be withheld from each of my paychecks and deposited into my 401(k) account.

1. _____% of my salary to begin with the pay period starting _____.
2. This election is (check one): _____ My first salary reduction election _____ A Change to my previous election.
3. Deposits made after the date indicated in item #1 above shall be invested by the Trustees in the following manner:

AIM

- ___% Blue Chip
- ___% Aggressive Growth

CAPITAL GUARDIAN

- ___% Diversified Research

GOLDMAN SACHS

- ___% Short Duration Bond
- ___% Concentrated Growth

INVESCO

- ___% Financial Services
- ___% Health Sciences
- ___% Technology

JANUS

- ___% Growth LT
- ___% Focused 30

LAZARD

- ___% Mid-Cap Value
- ___% International Value

MFS INVESTMENT MANAGEMENT

- ___% Capital Opportunities
- ___% International Large-Cap

MERCURY ADVISORS

- ___% Equity Index
- ___% Small-Cap Index

OPPENHEIMER

- ___% Multi-Strategy
- ___% Main Street Core
- ___% Emerging Markets

PIMCO

- ___% Inflation Managed
- ___% Managed Bond

PIMCO-NFJ

- ___% Small-Cap Value

PACIFIC LIFE

- ___% Money Market
- ___% High Yield Bond

PUTNAM INVESTMENTS

- ___% Equity Income
- ___% Equity
- ___% Aggressive Equity

SALOMON BROTHERS

- ___% Large-Cap Value

VAN KAMPEN

- ___% Comstock
- ___% Real Estate
- ___% Mid-Cap Growth

_____ % **TOTAL**
OR

Portfolio Optimization

- Model A Model B
- Model C Model D
- Model E

Circle Your Choice

TOTAL MUST EQUAL 100%.

4. If the elections in item #3 are a change from my previous election, call 1-800-722-2333 to change.
5. I have been provided a current prospectus on Pacific Value Variable Annuity.
6. This authorization shall remain in effect until I provide my Employer with a revised Election Form.

Employee Signature

Date

(Complete beneficiary Designation on reverse side.)

ELECTION NOT TO CONTRIBUTE

I hereby certify that I have been offered the opportunity to contribute to my Company's 401(K) Plan. However, I elect not to contribute at this time.

Employee Signature

Date

**C & T Consulting Services LLP
BENEFICIARY DESIGNATION**

If you should die prior to retirement while you are married, any death benefit payable under the Plan will be paid to your then current spouse in accordance with the Retirement Equity Act of 1984.

You may name a beneficiary other than your spouse, if your spouse consents in writing. This consent must be witnessed by a plan representative or a notary public.

PART I - BENEFICIARY ELECTION

(Check One)

1. _____ I hereby name my spouse as beneficiary.
2. _____ With my spouse's consent, I designate the beneficiary(ies) named in Part II to receive any pre-retirement death benefit payable under the Plan
3. _____ I hereby certify that I am not married. Shall I become married, I understand my spouse will automatically become my beneficiary as provided by law unless I change it as indicated below. I designate the beneficiary(ies) named in Part II to receive any pre-retirement death benefit payable under the Plan

Signature

Date

PART II - FOR OTHER SPOUSE BENEFICIARY

(Complete this section only if item 2 or 3 in Part I has been checked)

I hereby revoke any previous designation of beneficiary and direct the payment of any pre-retirement death benefit payable under the plan to the beneficiary(ies) below:

NAME	ADDRESS	RELATIONSHIP TO PARTICIPANT
Primary Beneficiary(ies)		
1.		
2.		
Contingent Beneficiary(ies)		
1.		
2.		

Unless otherwise noted, if more than one Beneficiary is designated in any one class, each beneficiary in the same class shall share equally.

I understand the above designation is only effective if I am unmarried at the time of my death, or if my spouse has consented to this designation in the space below.

SPOUSAL CONSENT

(Complete this section only if Item 2 in Part I has been checked)

I consent to the beneficiary designation made by my spouse in Part II. I understand that the effect of this designation is to cause my spouse's pre-retirement death benefit under the Plan to be paid to a beneficiary other than me, that the designation is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Spouse Signature

Date

The Retirement Equity Act requires that the above be witnessed by either a plan representative or a notary public. I certify that the above signed personally appeared before me and made oath that the foregoing is true and it is his(her) voluntary act and deed.

Signature and Title

Witness

Date