

ENROLLMENT FORM

Serena D. Tidwell, M.D., P.C.

Tidwell 401K Plan

Billing Group Number: GH4911

Participant Information:

 Tell us who you are, and how we can reach you.

Name (first, middle initial, last)

Social Security Number

Address (number & street)

Date of Birth (MM/DD/YYYY)

Date of Hire (MM/DD/YYYY)

City/Town

State Zip

Telephone Number

Email Address

Married Single

Marital Status

Contribution Information:

 Tell us how much you would like to save per pay period.

PRE-TAX CONTRIBUTIONS Yes, I want to contribute _____ % of my compensation per pay period on a pre-tax basis.

WAIVE PARTICIPATION No, thank you. I do not want to participate in my employer's retirement plan at this time.

Acknowledgements and Signature

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

One or more of these options may be offered through a custodial or trust arrangement and/or a group annuity or funding agreement issued by Voya Retirement Insurance and Annuity Company. For investment options offered through a funding agreement or group annuity contract, I understand that the current tax laws provide for deferral or taxation on earnings on account balances; and that although the funding agreement or group annuity contract provides features and benefits that may be of value, it does not provide for any additional deferral of taxation beyond that provided by the Plan itself.

I have received, read and understood the Voya Financial participant information booklet, prospectuses and/or investment option summaries describing the investment options.

Please sign and date below.

Participant Signature _____

Date: _____

Please complete this form and return it to your Employer.