UNITED STATES AIR FORCE NONAPPROPRIATED FUND EMPLOYEES' 401(K) SAVINGS PLAN

ENROLLMENT REQUEST FORM

Authority: 10 USC 8013 authorized the collection of this information. Executive Order 9397 authorizes us to ask for your social security number to identify you. Purpose: We use this information to process employee benefit transactions that you request. Routine uses: This information may be shared with other Federal agencies and contractors to administer your employee benefits. We may also provide this information to law enforcement agencies and courts investigating, prosecuting, enforcing, and litigating criminal or civil actions involving your employee benefits. Your information may also be shared with spouses, former spouses, beneficiaries, persons responsible for your affairs, and representatives of your estate. Disclosure: You are not required by law to provide this information but failure to provide it may preclude us from processing your requested benefit transaction.

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Step One: Co	mplete Your P	ersonal Information	<u>l</u>			
Name					birth	
First Na		Last Name		M.	(MM/DD/YY)	
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-		S		_		
		Phone New Hire Re-Hire				
E-mail address _				New Hire	Ke-Hire	
Your Contrib Indicate the amou	utions ant you want to co	this calendar year, you ma			tions, if eligible. If you are at ons. Your total combined	
Pre-tax contr	ibutions:	% (w	hole percent o	nly)		
		nt objectives, risks, charges and funds, call 1-800-728-3123.	expenses of mutual fu	nds before investing. Fo	r a free prospectus, which contains this	
Step Three: G	to to page 2 to	Select Your Investm	nents			
investment elect Please check	ions must be in v here if you are a r	whole percentage and equ	would like your in	nvestment elections	investment option. Your to remain the same as they were	
Step Four: Sig	n Here and R	eturn Your Complet	ed and Signed	Form to your H	HRO	
		*	O	•	erstand that I may enroll anytime	
	I authorize the Air lirected in Step Tl	r Force to deduct the percenter.	entage of my pay	as indicated in Step	Two and to invest my	
Employee Signatur	re	Date	HRO Signature		Date	
FOR HRO USE O	NLY:					
Current Hire Date:		Date of Participa	tion:	<u></u>		
	(MM/DD/YY)		(MM/DD	9/YY)		
BASE CODE		Vesting Date(MM	//DD/YY)	_Vested: Yes 🗌 No_		
Civa ona aony	to the following:	Walls Fargo Institution	nal Retirement and T	rust HRO	_ Participant Plan Code = 00000N	

Step Three: Choose Your Investments

Select an investment mix by indicating the whole percentage you want to invest in each investment option. The investment elections must equal 100%.

Fund Name and Number	Asset Type	Percentage	
Wells Fargo Stable Return N, #45	Stable Value	%	
Dodge & Cox Income, #57	Intermediate-Term Bond	%	
WF/ Blackrock Bond Index CIT N, #14	Bond	%	
T. Rowe Price Retirement Balanced, Active #5	Balanced	%	
T. Rowe Price Retirement 2010 Active F #6	Target-Date	%	
T. Rowe Price Retirement 2015 Active F #16	Target-Date	%	
T. Rowe Price Retirement 2020 Active F #7	Target-Date	%	
T. Rowe Price Retirement 2025 Active F #17	Target-Date	%	
T. Rowe Price Retirement 2030 Active F #8	Target-Date	%	
T. Rowe Price Retirement 2035 Active F #18	Target-Date	%	
T. Rowe Price Retirement 2040 Active F #9	Target-Date	%	
T. Rowe Price Retirement 2045 Active F #19	Target-Date	%	
T. Rowe Price Retirement 2050 Active F #20	Target-Date	%	
T. Rowe Price Retirement 2055 Active F #21	Target-Date	%	
Dimensional Fund Advisors US Small Cap #58	Small Cap Value	%	
Vanguard Small Cap Index Admiral, #47	Small Cap Blend	%	
WF/ Blackrock S & P MidCap Index CIT N, #51	Mid-cap Blend	%	
WF/ Blackrock S & P 500 Index CIT N, #50	Balanced Blend	%	
Wells Fargo Enhanced Stock Market CIT N, #10	Large Blend	%	
MFS Value R4, #27	Large Cap Value	%	
MFS Growth R4, #55	Large Cap Growth	%	
MFS International Value R, #41	Foreign Large Value	%	
MFS International Intrinsic Value R4 #41	Foreign Large Growth	%	
WF/ Blackrock Intl Equity Index CIT N, #49	Foreign Large Blend	%	

MUST EQUAL 100% Total