WESTERN EMPLOYEES BENEFIT TRUST
401(k) PLAN

220 West Mercer Street, Suite 400
Seattle, WA 98119
(206) 282-3205
1-800-524-4852

WAGE REDUCTION AND ENROLLMENT FORM

COMPLETE ALL OF THE FOLLOWING ITEMS:

Name _____
Last First Middle

Address _____
Street City State Zip

Soc. Sec. # _____ Birth Date _____ Marital Status _____

Marriage Date _____ Employer _____ Union Local _____ Date of Hire _____

PARTICIPANT SALARY/WAGE REDUCTION CONTRIBUTION RATE ☐ **NO CHANGE TO DEDUCTION AMOUNT**

A. Please circle below the percentage of your compensation that you want to contribute to your Plan account, not to exceed $12,000 per year in 2003 (or $14,000 if over 50 years old in 2003), as annually adjusted. This percentage will apply until written direction for change pursuant to Plan rules is received. If you do not want any of your compensation contributed to your Plan account, circle the "0%" box. If this Form is not returned, the Plan will assume that you have elected "0%."

0% 1% 2% 3% 4% 5% 6% 7% 8%

9% 10% 11% 12% 13% 14% 15% _____% (whole %) not to exceed $12,000 in 2003 (or $14,000 if over 50 years old in 2003)

B. This wage reduction shall be made each pay period.

C. The election will be effective as soon as received and processed by the payroll office.

INVESTMENT SELECTION FOR CONTRIBUTIONS

I hereby authorize and direct the Plan administrator to invest my contribution as follows:

_____%	1.	First American Money Market Fund
_____%	2.	Intermediate Fixed Income Portfolio
_____%	3.	Balanced Portfolio
_____%	4.	Core Equity Portfolio
_____%	5.	Growth Equity Portfolio
_____%	6.	Small/Mid Cap Equity Portfolio
100 %	**TOTAL**	**(Percentage must total 100)**

If you do not direct the investment of your contributions, or if your selection of investments does not cover 100% of your contributions, your contributions, or any undirected portion of your contributions, will be invested in the First American Money Market Fund.

TRANSFER OF EXISTING ACCOUNT BALANCES

I hereby authorize and direct that the Plan administrator transfer my existing account balances as follows:

Transfer $_____ or _____% from Fund _____ to Fund _____
Transfer $_____ or _____% from Fund _____ to Fund _____
Transfer $_____ or _____% from Fund _____ to Fund _____
Transfer $_____ or _____% from Fund _____ to Fund _____

AUTHORIZATION

I hereby authorize my Employer to deduct the percentage of my compensation shown above in accordance with Plan rules and to forward the amount to the Plan Administrator.

Signature _____

Date _____

PLEASE SEND COMPLETED FORM TO:
EB MANAGEMENT COMPANY
220 West Mercer Street, Suite 400
Seattle, WA 98119