

ENROLLMENT FORM
STEL, Inc. Employer Contribution Plan
 Plan #: 777-20084

1 Please give us your personal information:

Social Security #	Last Name	First Name	Middle
Street	City	State	Zip
Home Phone	Date of Birth	Sex	Marital Status
		Email Address	

2 Decide how you want to invest your money:

Choose from the menu of mutual funds below. Please be sure that your selections total 100%.

RBFFX Amer Fds. Bond Fd of Amer	_____ %	TRRBX T.R. Pr Retirement 2020	_____ %
RCWFX Amer Fds. Cap Wrld Bd	_____ %	TRRHX T.R. Pr Retirement 2025	_____ %
RWIFX Amer Fds. Cap Wrld G&I	_____ %	TRRCX T.R. Pr Retirement 2030	_____ %
RFNFX Amer Fds. Fund. Inv.	_____ %	TRRDY T.R. Pr Retirement 2040	_____ %
RGAFX Amer Fds. Grwth Fund	_____ %	TRRMX T.R. Pr Retirement 2050	_____ %
DISVX DFA Int'l Sm Cap Value	_____ %	VIPSX Vanguard Infl-Prot Sec	_____ %
DFALX DFA Large Cap Int'l	_____ %	VMRGX Vanguard Morgan Gr	_____ %
DFLVX DFA U.S. Lg Cap Value	_____ %	VMMXX Vanguard Pr Money Mrkt	_____ %
DSORX Dreyfus Prem S&P Stars	_____ %	VASVX Vanguard Selected Val	_____ %
FAIRX Fairholme	_____ %	VISGX Vanguard Sm Cap Gr Ind	_____ %
FLSAX Fidelity Adv Lev Co Stk	_____ %	VASGX Vanguard LifeStrategy Growth	_____ %
FIMKX Fidelity Adv. Emer Mrkts	_____ %	VSMGX Vanguard LifeStrategy Moderate Gr	_____ %
STSCX Stratton Sm Cap Value	_____ %	VSCGX Vanguard LifeStrategy Conserv Gr	_____ %
PRWCX T.R. Pr. Cap Appr	_____ %	VASIX Vanguard LifeStrategy Income	_____ %
TRRAX T.R. Pr Retirement 2010	_____ %	VGSIX Vanguard REIT Index Fund	_____ %
TRRGX T.R. Pr Retirement 2015	_____ %	SSEMX SSGA Emerging Markets	_____ %
		Must Total 100%	_____ %

3 Please sign below:

 Participant Signature

 Date