Savings Form

TheStandard®

Hoss's Steak and Sea House Savings Plan
#801613

Sign up now! Simply complete the information below to begin saving in your retirement plan. *Return the completed form to: Human Resources.*

YOUR INFORMATION

Social Security Number	Last Name	First Name	
Mailing Address	City	State	Zip
Date of Birth (mm/dd/yy)	Date of Hire (mm/dd/yy)	E-mail Address	Phone

HOW MUCH DO YOU WANT TO SAVE?

Pre-Tax Savings (Check One)

Enter the pre-tax amount you wish to contribute to your retirement savings account. The smallest amount you can contribute is 1% of your compensation. The most you can save during 2008 is $15,500 ($20,500 if you are age 50 or older). Other plan or legal limits may also apply.

☐ _______ %   ☐ Save nothing

Unless I have directed otherwise, I understand that my employer will deduct 1% from my earnings and forward it to the plan where it will be invested in the Plan's default investment option.

Roth Savings (Check One)

Enter the after-tax amount you wish to contribute to your Roth retirement savings account. The smallest amount you can contribute is 0% of your compensation. The most you can save during 2008 is $15,500 ($20,500 if you are age 50 or older). Other plan or legal limits may also apply.

☐ _______ %   ☐ Save nothing

AUTHORIZATION

I authorize my employer and the plan administrator to deduct from my earnings the amounts determined by the percentage(s) designated above and to forward such amounts to the Plan. **Unless I have directed otherwise, I understand that my employer will deduct 1% from my earnings and forward it to the Plan where it will be invested in the Plan's default investment option.** I also direct my employer and the plan administrator to implement any other instructions I have provided on this form. I have read the Disclosure Statement that follows and, by signing here, I agree to be bound by its terms. The employer, trustees and any others concerned with the administration of the Plan are entitled to rely on these instructions; each shall be fully protected in taking or omitting any action under any provisions of the Plan in reliance on the information I have provided and selection I have made.

Participant Signature ____   **Date** _________________________

NEXT STEPS

When you submit this completed form, your employer will implement your contribution request at the first opportunity allowed under the Plan, assuming that you are eligible to participate.

When the completed form is received by The Standard, it will be processed within two business days. This form will override any changes previously made using INFOLINE or Personal Savings Center.

To make changes to your contribution amount after you have enrolled, please complete a new Savings Form, available from Human Resources or on our Web site at http://retirement.standard.com. Please return the completed form to your employer. To speak to a customer service representative you may call INFOLINE at 800.858.5420.

To select how you want your money to be invested, please use the Investing Form.

DISCLOSURE STATEMENT

You must notify The Standard within 15 days of receipt of your quarterly account statement if an error occurred, or if you requested and confirmed an investment transfer or directive change that was not completed during the period covered by the statement. You may give notice by contacting a customer service representative at **800.858.5420** or by e-mailing **savings@standard.com**. Unless you give such notice, The Standard will not be liable for any resulting loss to your account. In any case, The Standard will not be liable if circumstances beyond its control prevent the transaction, or if its liability is otherwise limited by regulation or agreement.