





Valid Until 6/30/2009  
NAVIGATION SHIELD  
MEAN DEMOTION

Assigned  
Baltimore, Maryland, Corporate  
Power REVENUE PLAN

Participant Name: **ROBERTA ANN HARRIS (9/28/84)**  
Social Security Number: **000000000000000000**  
Plan: **POWER REVENUE PLAN**  
Date of Birth: **09/28/84**

Investment Options:  
1) **STOCK**  
2) **BOND**  
3) **MONEY MARKET**  
4) **HYBRID**  
5) **ALTERNATIVE**  
6) **FIXED INCOME**  
7) **EMERGENCY WITHDRAWAL**  
8) **LOAN**  
9) **ROLL-OVER**  
10) **REINVEST**

Check the box for the investment option you want to use:  
 STOCK  
 BOND  
 MONEY MARKET  
 HYBRID  
 ALTERNATIVE  
 FIXED INCOME  
 EMERGENCY WITHDRAWAL  
 LOAN  
 ROLL-OVER  
 REINVEST

- Properly reviewing all policy materials and policy of the contract being used. This includes:
- Reviewing the contract to determine if it meets your needs and objectives.
- Reviewing the contract to determine if it meets your financial goals.
- Reviewing the contract to determine if it meets your risk tolerance.
- Reviewing the contract to determine if it meets your liquidity needs.
- Reviewing the contract to determine if it meets your estate planning needs.
- Reviewing the contract to determine if it meets your tax needs.
- Reviewing the contract to determine if it meets your retirement needs.
- Reviewing the contract to determine if it meets your long-term needs.
- Reviewing the contract to determine if it meets your short-term needs.
- Reviewing the contract to determine if it meets your overall needs.

Signature: *[Handwritten Signature]*  
Date: *[Handwritten Date]*

REMOVED TO THE SIDE OF THE SHEET AND TO BE RE-ADDED TO THE SIDE OF THE SHEET.

Signature: *[Handwritten Signature]*  
Date: *[Handwritten Date]*

Signature: *[Handwritten Signature]*  
Date: *[Handwritten Date]*