



Section A. Employer Information

Company/
Employer Name

Contract/Account No. Affiliate No. Division No.

Section B. Participant Information

Last Name Date of Birth (mm/dd/yyyy)

First Name/MI Social Security No.

Mailing Address

City State

Zip Code

Phone No./Ext.

E-mail Address

Section C. Hold Harmless Agreement

This Hold Harmless Agreement applies to Diversified Investment Advisors, Inc., Diversified Investors Securities Corp., Transamerica Financial Life Insurance Company, Western Reserve Life Assurance Co. of Ohio, Investors Bank & Trust Co., Massachusetts Fidelity Trust Company and the above-named Employer (collectively, the "Companies").

I hereby agree to indemnify and hold harmless the Companies, their affiliates, directors, officers, shareholders and employees from and against all claims, suits, actions, costs, losses, penalties, taxes and liabilities, including court costs and attorneys' fees, arising from or relating to investment performance, prohibited transaction or other breach resulting from the transfer of funds, at my or my authorized representative's direction, from the plan's core investment funds at Diversified Investment Advisors to the Schwab Personal Choice Retirement Account (PCRA).

Section D. Signatures

I understand that this agreement is being made because the PCRA allows access to mutual funds or other investments, which may have a level of risk inappropriate for investment of retirement savings or which, if applicable to the plan, may result in a prohibited transaction or other breach under the Employee Retirement Income Security Act (ERISA). I confirm that I am an experienced investor capable of making independent investment decisions and I understand that the Companies will not review or be responsible for the investment selections made or the investment results arising from my investment selections under the PCRA. I warrant that I will not use the PCRA to engage in transactions which may be prohibited by the plan or by ERISA if such law is applicable to the plan. I hereby acknowledge that the availability of the PCRA under the plan does not affect any relief granted to the Companies by law, including section 404(c) of ERISA if applicable, for my exercise of investment control under the plan. I also understand that additional fees will apply to use the PCRA, which will be my responsibility.

I certify that the information provided on this form is correct and complete.

X _____
 Participant Signature Date