

CTRL CALIFORNIA CHILD DEV SVCS, INC RET. SAVS

Enrollment Form

Participant Information

Participant Name: _____

Social Security Number: _____

Location: _____

Plan ID: 590157

Enrollment Instructions

Please complete this form and enroll by accessing the Web at oppenheimerfunds.com or returning the form to your Plan Administrator.

IMPORTANT NOTE: this form may be used only to enroll in the plan. This form may not be used for any other purpose, including rollovers or changes to an existing participant's contributions or investment elections.

Elective Deferral Amount

I wish to contribute _____% of my compensation on a *pre-tax basis* to the CTRL CALIFORNIA CHILD DEV SVCS, INC RET. SAVS. (Enter a whole number up to 100%.) The limit for pre-tax contributions is \$16,500 in 2011.

Investment Elections

Please indicate the percentage you would like to contribute to the following funds. You may divide your investments in 1% multiples and your total must equal 100%.

If you would like more information on specific funds, please review the fund sheets provided.

Select Funds

Fund Options	Percent of Contributions to Invest in Each Fund <i>(Use whole numbers only.)</i>	Fund Options	Percent of Contributions to Invest in Each Fund <i>(Use whole numbers only.)</i>
S Oppenheimer Commod. Stgy. Tot. Ret. Fund (N)	____%	B Oppenheimer Limited Term Government Fund (N)	____%
S Oppenheimer Equity Income Fund (N)	____%	B Oppenheimer Port. FI Active Alloca. Fund (N)	____%
S Oppenheimer Global Opportunities Fund (N)	____%	BL Oppenheimer Portfolio Active Alloca. Fund (N)	____%
S Oppenheimer Intl. Diversified Fund (N)	____%	BL Oppenheimer Portfolio Conserv. Inv. Fund (N)	____%
S Oppenheimer Intl. Small Company Fund (N)	____%	BL Oppenheimer Portfolio Moderate Inv. Fund (N)	____%
S Oppenheimer Main Street Select Fund (N)	____%	BL Oppenheimer Transition 2010 Fund (N)	____%
S Oppenheimer Main Street Sm & Mid Cap Fund (N)	____%	BL Oppenheimer Transition 2015 Fund (N)	____%
S Oppenheimer Portfolio Eqty. Investor Fund (N)	____%	BL Oppenheimer Transition 2020 Fund (N)	____%
S Oppenheimer Small & Mid Cap Value Fund (N)	____%	BL Oppenheimer Transition 2025 Fund (N)	____%
S Oppenheimer Value Fund (N)	____%	BL Oppenheimer Transition 2030 Fund (N)	____%
B Oppenheimer Champion Income Fund (N)	____%	BL Oppenheimer Transition 2040 Fund (N)	____%
B Oppenheimer Core Bond Fund (N)	____%	BL Oppenheimer Transition 2050 Fund (N)	____%
B Oppenheimer Global Strategic Income Fund (N)	____%	CS Oppenheimer Cash Reserves (N)	____%
B Oppenheimer International Bond Fund (N)	____%		

Remember your election percentage must total 100%. 100%

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If you do not choose investments for your savings, your contributions will be invested in the applicable investment option listed below, determined by your date of birth and number of years until retirement (the years listed below are based on your year of birth).

Investment Option Name	Start Year	End Year
Oppenheimer Transition 2010 Fund (N)	01/01/1900	12/31/1945
Oppenheimer Transition 2015 Fund (N)	01/01/1946	12/31/1950
Oppenheimer Transition 2020 Fund (N)	01/01/1951	12/31/1955
Oppenheimer Transition 2025 Fund (N)	01/01/1956	12/31/1960
Oppenheimer Transition 2030 Fund (N)	01/01/1961	12/31/1965
Oppenheimer Transition 2040 Fund (N)	01/01/1966	12/31/1975
Oppenheimer Transition 2050 Fund (N)	01/01/1976	12/31/9999

If you do not choose your investments for your savings and you do not have a date of birth on file, your contributions will be invested in an investment as determined by your Plan Administrator.

Authorization

Yes, I hereby authorize the payroll deduction and investment selections indicated.

Signature: _____ Date: _____

No, I do not wish to contribute.*

Signature: _____ Date: _____

Plan Administrator's Signature: _____ Date: _____

*Even though you have chosen not to contribute at this time, you must still return this form to your company's Plan Administrator so they know that they offered you this benefit and you decided not to participate at this time.

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Beneficiary Designation Form

Participant Information

Participant Name: _____

Social Security Number: _____

Location: _____

Plan ID: 590157

I have received a description of the Plan and hereby make the following Beneficiary designation:

Part A – Beneficiary Designation

In the event of my death, all amounts credited to my account under the Plan should be paid to the following person or persons. I understand that Federal law requires that my spouse be named as sole primary beneficiary unless my spouse consents to an alternative designation by signing Part B of this form.

Primary Beneficiary:

% of Death Proceeds
(Must Total 100%)

Name	SS#	Relationship
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Name	SS#	Relationship
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If none of the above-named beneficiaries is living at the time of my death, pay the following:

Secondary Beneficiary:

Name	SS#	Relationship
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Name	SS#	Relationship
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Name	SS#	Relationship
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Participant Acknowledgement

If a primary beneficiary in addition to or other than my spouse was designated to receive a death benefit, I certify (check one):

I am legally not married.

I am married and my spouse's consent appears on Part B of this form.

I agree to notify the Plan Administrator in writing in the event my marital status changes. I also understand that payment of death benefits will be in a lump sum to my designated beneficiary unless my beneficiary selects an alternate method of payment under Plan rules, or unless the Plan requires an alternate form of payment.

Signature of Participant

Date Signed

IF YOU ARE MARRIED AND HAVE NOT NAMED YOUR SPOUSE AS YOUR SOLE PRIMARY BENEFICIARY, THE SPOUSAL CONSENT FORM (PART B) MUST BE COMPLETED.

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Spousal Consent Form

Participant Information

Participant Name: _____

Social Security Number: _____

Location: _____

Plan ID: 590157

If you are married and have not named your spouse as your sole primary beneficiary, you must complete this form.

Part B – Spousal Consent

I understand that my spouse has chosen not to name me as his/her sole primary beneficiary. I also understand that if I do not sign this Spousal Consent, I will be treated as my spouse's sole primary beneficiary under the Plan.

By signing this Spousal Consent, I hereby consent to my spouse's designation of the person(s) named on the beneficiary form as my spouse's primary and contingent beneficiaries. I acknowledge that by consenting I am forgoing all rights to any survivor benefit under the Plan (except to the extent I am listed as one of the beneficiaries on Part A).

By signing this Spousal Consent, I certify that, as of the date set forth below, I am legally married to the Participant whose name appears on this form.

Print Name of the Participant's Spouse

Signature of the Participant's Spouse

Date Signed

Witnessed by:

State of _____, County of _____, ss

On this, the _____ day of _____, _____, before me personally appeared _____, known (or satisfactorily proven) to me to be the person whose name is subscribed to the Spousal Consent and acknowledged that he or she executed the same for the purpose therein contained. In witness and whereof, I hereunto set my hand and official seal.

Notary Public

THIS SPOUSAL CONSENT FORM MUST BE WITNESSED BY A NOTARY PUBLIC OR YOUR COMPANY'S PLAN ADMINISTRATOR.

This form is maintained by your employer. Please return this form to your Plan Administrator. You should also make a copy for your own records.