

**SCHWARTZ BROTHERS RESTAURANTS
401(k) PRE-TAX SAVINGS PLAN AND TRUST
ENROLLMENT FORM FOR FIRST-TIME ENROLLEES**

(11/12)

1. PERSONAL INFORMATION

Name: _____ Social Security Number: _____
 Address: _____ Birth Date: _____ Hire Date: _____
 City, State Zip: _____ Home Phone Number: _____

2. CONTRIBUTION ELECTION

I wish to make 401(k) contributions to the Schwartz Brothers Restaurants 401(k) Pre-Tax Savings Plan and Trust (the "Plan") effective with the first payroll following any open enrollment date after attainment of age 21 and the completion of 6 months of employment. Please deduct the following percentage or dollars of my gross salary on a pre-tax basis and contribute my payroll deferral contributions to the Plan:

_____ Percent of Pay or \$ _____ to the Plan on a pre-tax basis each pay period (must be between 1% and 100% of pay)

Total 401(k) contributions may not exceed \$17,500 for calendar year 2013. If you are 50 years old or will attain age 50 by December 31, 2013, the maximum deferral amount for 2013 is \$23,000. Your deferrals will be stopped when they reach this cap.

I DO NOT wish to make 401(k) contributions to Plan at this time, but I may reconsider my decision at any future enrollment date (January 1st, April 1st, July 1st, or October 1st).

3. INVESTMENT ELECTIONS FOR CONTRIBUTIONS (must be in multiples of 1%, and must total 100%)

Fund Name and Ticker	Fund Style	%
American Century Growth Inv (TWCGX)	Large Cap Growth	%
Vanguard 500 Index Signal (VIFSX)	Large Cap Index	%
Van Kampen Growth & Income Fund Class A (ACGIX)	Large Cap Value	%
Hartford Small Company Fund Class A (IHSAX)	Small/Mid Cap Growth	%
Royce Low Price Stock Investment Fund (RLPHX)	Small/Mid Cap Blend	%
Royce Total Return Inv (RYTRX)	Small/Mid Cap Value	%
Hotchkis & Wiley Mid Cap Value Fund Class I (HWMIX)	Small/Mid Cap Value	%
American Funds EuroPacific Growth Fund Class R4 (REREX)	International Stock	%
Harbor International Instl Fund (HAINX)	Foreign Large Value	%
Dodge & Cox Income Fund (DODIX)	Intermediate Bond	%
Loomis Sayles Bond Institutional Bond Fund (LSBDX)	Other Bond	%
Morley Stable Value Fund	Stable Value	%
Vanguard Target Retirement Income (VTINX)	Managed Portfolio	%
Vanguard Target Retirement 2015 (VTXVX)	Managed Portfolio	%
Vanguard Target Retirement 2025 (VTTVX)	Managed Portfolio	%
Vanguard Target Retirement 2035 (VTTHX)	Managed Portfolio	%
Vanguard Target Retirement 2045 (VTIVX)	Managed Portfolio	%
<i>Total</i>		100%

If you fail to make an investment election your contributions will be deposited into a Vanguard Target Retirement Fund based on your date of birth

4. TELEPHONE INSTRUCTION AUTHORIZATION

I hereby authorize Trautmann, Maher & Associates (TM&A) to act on telephone/Internet instructions with respect to the investment of assets held in my account, from any person representing himself or herself to be me furnishing proper identifying information. I acknowledge that TM&A will not be liable for any loss, legal obligation, cost or expense for acting upon such telephone/Internet instructions when such telephone/Internet instructions are believed by TM&A to be genuine, even if such instructions are in fact not given by me. I understand that my telephone/Internet instructions to TM&A are subject to the terms and conditions of the Plan and any other such conditions and limitations as may be communicated to me from time to time. I further understand that my right to give telephone/Internet instructions to TM&A is subject to termination at any time by Schwartz Brothers Restaurants or by TM&A.

5. AUTHORIZATION

I confirm the above elections and understand the terms of the Plan (as stated in the Summary Plan Description that I have received) and other conditions and limitations communicated to me that affect my elections. I hereby authorize deductions from my pay for any contributions required by my elections.

EMPLOYEE SIGNATURE _____ DATE _____

AUTHORIZATION _____ DATE _____

*Please return the completed form to the Schwartz Brothers Restaurants
Human Resources Department, 325 - 118th Avenue S.E., Suite 106, Bellevue, WA 98005*

Instructions for Plan Sponsor: (1) Review form to make sure that it has been completed correctly, (2) Sign and date the Authorization Section, (3) Retain the original form in the participant's Personnel Folder, and (4) Fax a copy to TM&A.

SCHWARTZ BROTHERS RESTAURANTS 401(k) PRE-TAX SAVINGS PLAN AND TRUST BENEFICIARY DESIGNATION FORM

Name: _____ Social Security Number: _____
 Address: _____ Date of Birth: _____
 City, State Zip: _____ Date of Hire: _____
 Division: _____ Home: _____ Work: _____

Pursuant to the provisions of the Schwartz Brothers Restaurants 401(k) Pre-Tax Savings Plan and Trust (the "Plan"), I hereby revoke any prior designation and do hereby direct that, upon my death, any benefit payable with respect to me under the Plan shall be paid to the primary beneficiary named below as my **primary beneficiary**. If I should die and no primary beneficiary is alive to receive any benefit payable from the Plan, I hereby direct that such benefit shall be paid to the **contingent beneficiary** named below.

NOTE: If you are married, you **must** designate your spouse as your only **primary beneficiary** unless your spouse consents in writing in the space below. If you are single and marry at a later date, your spouse will automatically become your only primary beneficiary. If you do not want your spouse to be your only primary beneficiary, you and your spouse may designate a different primary beneficiary.

Primary Beneficiary	Contingent Beneficiary
Full Name _____	Full Name _____
SS# _____ Relationship _____	SS# _____ Relationship _____
Address _____	Address _____

(Attach additional sheets of paper if more space is required.)

I understand that I have the right to change or revoke the primary beneficiary designation with the approval of my spouse subject to receipt by the Plan Administrator of my written designation prior to my death. I may change or revoke my contingent beneficiary at any time subject to receipt by the Administrator. If my primary and contingent beneficiaries fail to survive me, I hereby authorize the Administrator to provide for payment of any Death Benefits as directed by the Plan. This Beneficiary Designation shall become effective without further notice upon receipt by the Administrator and is made subject to all of the terms and conditions of the Plan.

Your Signature _____ Date _____
 Plan Sponsor Signature _____ Date _____

If you are single, please check the box to the right and do not complete the rest of this form.

If you are married and your spouse is your only primary beneficiary, please check the box to the right and do not complete the rest of this form. **Otherwise, your spouse must sign below and your spouse's signature must be witnessed by a Notary Public.**

I hereby acknowledge that my spouse has designated a Primary Beneficiary in place of me. I understand that by consenting to this designation, I am foregoing both present and future rights to these benefits if my spouse dies. I further understand my consent is irrevocable unless my spouse revokes the Primary Beneficiary designation on this form. By my signature below, I approve the designation made.

SPOUSE'S SIGNATURE _____ DATE _____

STATE OF _____) COUNTY OF _____)

On this _____ day of _____, 20_____, before me, the undersigned Notary Public, personally appeared, known to me to be the person whose signature is subscribed to the foregoing Designation of Beneficiary document, who acknowledged that he/she executed the same for the purposes therein contained.

WITNESS my hand and official seal. _____
 Notary Public

*Please return the completed form to the Schwartz Brothers Restaurants
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