



401k Plan Enrollment / Change Form

For Purchase-Order 401k Plans ONLY

Indicate Action:

- ☐ New Enrollment
- ☐ Contribution Change
- ☐ Discontinue Contribution
- ☐ Re-Enrollment
- ☐ I do not wish to join the Company's 401k plan at this time. I understand I will be eligible to join the 401k at a later date. **NOTE: If you elect this option please provide all information requested on the first page of this document, and return to the 401k Plan Sponsor for processing.**

Required Data-Incomplete Form will be Rejected:

Last Name _____

First Name _____

Middle Name _____

Social Security Number _____

Home Phone _____

Mobile Phone _____ (for receiving verification codes)

Personal Email _____ (for receiving verification codes)

Mailing Address _____

City _____

State _____

Zip _____

Date of Hire _____

Date of Birth _____

Marital Status ☐ Single ☐ Married

Your Signature _____

Date _____

**PLEASE PROVIDE A COPY OF THIS COMPLETED FORM TO YOUR EMPLOYER--INCOMPLETE FORMS
WILL BE REJECTED AND RETURNED TO THE EMPLOYEE FOR COMPLETION.**

Contribution:

- ☐ I wish to contribute _____ (from 1% to 100%) as **before-tax** contribution (typical 401k). I understand that this will reduce the amount of my taxable compensation reported on Form W-2.
- ☐ I wish to contribute _____ (from 1% to 100%) as **after-tax** contribution (special Roth 401k). Roth 401k contributions are not available in all 401k plans. Before selecting this option please confirm with the plan sponsor that Roth 401k contributions are allowed in the company's 401k.
- ☐ Check here if you have contributed THIS YEAR to a 401(k) plan other than this company plan. Please indicate the exact amount you have contributed THIS YEAR: \$ _____.
- ☐ Check here if you have set up IRA Rollovers in the past. Please indicate the approximate current consolidated value of these IRA Rollovers: \$ _____.
- ☐ Check here if you have retirement assets currently held in a former employer's 401(k) or other employer-sponsored pension plan.

If you have checked any of the above, you might want to consider consolidating your retirement monies within the company 401(k) plan:

- You'll have a larger potential sum to borrow from should 401(k) loans be available, and
- You'll be able to apply a comprehensive investment strategy to all your retirement funds.

To consolidate money from a IRA Rollovers into the company 401(k) plan or transfer money from a previous employer's plan, please request an Asset Transfer Pac from the Plan Administrator.

Please indicate the Self-Directed Account (SDA) Brokerage you have selected for your 401k SDA account. Only list one SDA Brokerage (i.e., Schwab Brokerage, e-Trade Brokerage, Fidelity Brokerage, etc.):

My SDA Brokerage: _____

Account Number Assigned to My SDA: _____

(Please attach the official notification from your selected Brokerage showing your newly assigned Account Number)

Please Note: Your employer has selected a particular type of 401k plan called a "purchase order" 401k. A purchase order 401k means your 401k contributions are sent directly to the Brokerage of your choice. The plan sponsor will send to the Brokerage your 401k contributions ear-marked to your Account Number. Once deposited, you are free to invest your 401k contributions as you see fit.

PLEASE PROVIDE A COPY OF THIS COMPLETED FORM TO YOUR EMPLOYER--INCOMPLETE FORMS WILL BE REJECTED AND RETURNED TO THE EMPLOYEE FOR COMPLETION.

It is the combined responsibility of you and your employer to contact the Brokerage you choose to be sure they offer an SDA account type suitable for holding 401k assets. Not all Brokerages offer 401k-suitable accounts. If the Brokerage you selected does not offer accounts suitable for holding 401k assets, you may not use the Brokerage for your 401k -- no exceptions. Without a 401k-suitable account, your 401k contributions will become immediately subject to taxes---that is something we know you do not want.

Your new SDA 401k gives you the freedom to invest as you see fit, and manage your 401k investments online. Please supply your plan sponsor/employer with a closing year-end (December 31st) SDA account statement. This information is required for the IRS Form 5500-SF that your employer is required to file by March 31st of each new year.

Your plan sponsor will provide you with the 401k plan's federal ID Number, official legal title of the 401k, and the plans designated mailing address. After you have completed the Brokerage's application for a 401k-suitable SDA account, and the Brokerage has supplied you with a new Account Number, please provide the following information:

Inbound Cashier Department

Brokerage Name _____
Mailing Address _____
City _____
State _____ Zip _____

Authorization:

This authorization replaces all previous ones. I understand that these instructions will remain in effect until I change them in accordance with Plan rules. I hereby authorize the deductions from my pay indicated above as Plan contributions to me made on my behalf by my Employer. If necessary to meet Internal Revenue Service requirements for the Plan, I understand that (i) my contribution may be reduced, (ii) my contribution may be refunded to me, and / or (iii) my before-tax contributions may be re-characterized and treated as after- tax- contributions. I acknowledge (i) that I could have received the amount of these contributions in cash and (ii) that my elective contributions, my Employer's non-elective contributions, and any investment earnings are subject to withdrawal restrictions under the terms of our Plan and the Internal Revenue Code.

These instructions will be effective as soon as administratively feasible and allowable under the rules of the Plan.

I understand that the Trustee shall provide me a statement of my online account(s) and the value of the account(s). I agree that the Trustee shall be forever released and discharged from all liability and accountability to me and my beneficiaries with respect to the propriety of its acts and transactions shown in such statement, except with respect to any such acts or transactions as to which I file written objections within such sixty-day period with the Trustee.

Your Signature _____

Date _____

**PLEASE PROVIDE A COPY OF THIS COMPLETED FORM TO YOUR EMPLOYER--INCOMPLETE FORMS
WILL BE REJECTED AND RETURNED TO THE EMPLOYEE FOR COMPLETION.**

401k Beneficiary Designation Form

☐ Original Designation

☐ Change of Beneficiary Participant

Name (Last, First, M I) _____

Social Security Number _____

Marital Status ☐ Single ☐ Married

Spouse Name (Last, First, MI) _____

Spouse date of Birth (MM-DD-YY) _____

Spouse's Social Security Number _____

Designation

I understand that if my Spouse is not designated as my sole Primary Beneficiary, my spouse must consent to this designation.

Subject to the terms of the Plan and the General Provisions below, I hereby revoke any prior designation and designate the following Beneficiary (ies).

Primary Beneficiary – Percentage = _____ %

Name (Last, First, MI) _____

Relationship _____

Contingent Beneficiary – percentage = _____ %

Name (Last, First, MI) _____

Relationship _____

General Provisions

Upon my death, any benefit payable under the Plan shall be:

- A.** divided between and paid in equal shares (unless I have specified percentages above), to the Primary Beneficiary(ies) who survive my death; or
- B.** if no Primary Beneficiary survives my death, divided between and paid in equal shares, (unless I have specified percentages above), to the Contingent Beneficiary(ies) who survive my death,; or
- C.** If no Beneficiary is designated or if no designated beneficiary survives my death, paid in full to my surviving spouse, or if I do not have a surviving spouse, to my estate.

I understand that terms, provisions, and limitations of the Plan, including any amendments, shall always govern (1) my rights to a Plan Benefit, (2) my designation of a Beneficiary, and (3) the rights of any such designated Beneficiary (ies), and all such persons claiming through me or them. **I understand that the designation of a Beneficiary other than my spouse will not be valid and that all death benefits will be paid to my spouse as of my death unless** (1) my spouse consents to such designation as provided below in the presence of an authorized Plan representative or Notary Public, or (2) to the satisfaction of the Plan Administrator, my spouse cannot be located or for other reasons valid under Federal Law, my spouse cannot provide such consent.

I also understand that if there is any change in my marital status, I must notify the Plan administrator of such change and complete a new Beneficiary Designation.

I declare under penalty of perjury that the provisions above are true and correct.

Signature _____

Date _____

Consent of Spouse

The terms of the Plan have been explained to me.

I hereby consent to the designation by my spouse of the Primary Beneficiary(ies) above. I understand (1) that such designation will cause all or a portion of my spouse's death benefits to be paid to a beneficiary other than myself; (2) that such designation requires my consent; and (3) that my consent is irrevocable (cannot be changed) unless my spouse revokes (cancels) the Beneficiary designation.

This consent is voluntary, no coercion or undue influence has been exercised to make me consent to this designation.

Signature of Plan Representative or notary Public _____

Signature of Spouse _____

Date _____