



Bud Mahas Construction, Inc.
401(k) Profit Sharing Plan

Savings Rate Election

MAHAS

Step 1: Enter Your Information and Authorization

Name: _____ SSN: _____
 Address: _____ Birth Date: ____/____/____
 Hire Date: ____/____/____

You must complete either Step 2a or 2b, and then Step 3.

Step 2a: Contribution Election

I DO WANT TO PARTICIPATE: I elect to contribute to the Plan according to my elections below. If I am not yet eligible, contributions will begin being deducted on the first payroll after the start date below and after I have met the Plan's eligibility requirements. Amounts will be deducted from my pay and contributed to the plan as follows.

I understand that the sum of my Employee Pretax 401(k) and Employee Roth 401(k) contributions may not exceed \$19,000 for the calendar year 2019, plus if I am age 50 by 12/31/2019 I am eligible to contribute an additional \$6,000. I also understand that the total of all contributions to the plan may not exceed 100% of eligible compensation. I am also aware that the amounts designated below may be reduced by the Plan Administrator to comply with IRS regulations.

<u>Election/Contribution Type</u>	<u>Applies To</u>	<u>Elections</u>	<u>Effective/Start Date</u>
<input type="checkbox"/> Employee Pretax 401(k)	Each Pay Period	\$ _____ or _____ % (1% to 100%)	_____
<input type="checkbox"/> Employee Roth 401(k)	Each Pay Period	\$ _____ or _____ % (1% to 100%)	_____

Step 2b: Non-Participation/Suspension

_____ **I DO NOT WANT TO PARTICIPATE:** I do not wish to contribute to the Plan at this time or I am suspending my
 Initial Here contributions. I understand that I may reconsider my decision at a future date.

Step 3: Your Authorization

I hereby authorize deductions from my pay for any contributions required by my elections. I confirm the above elections and understand the terms of the Plan (as stated in the Summary Plan Description that I have received) Further, I understand that if I have not provided Investment Elections, my future deposits will be invested in the MetLife Stable Value Fund. I understand that I may reconsider my decision at any future date.

Your Signature _____ Date _____

DISCLOSURE STATEMENT: You must notify Steve Wise within 15 days of receipt of your quarterly statement in which this transaction has occurred, if during that period there is an error in your directive change indicated above. Your Employer and NWPS will not be liable for any loss to your account, if not contacted within the 15-day period stated above.

Please return completed forms to Steve Wise

 Plan Administrator Approval Signature

 Plan Administrator Approval Date



Step 1: Enter Your Information

Name: _____ SSN: _____

Step 2: Select Your Investment Style (for all future deposits and current positions)

- I want to invest based on my risk tolerance (go to step 3a and then to step 4)
I want to create my own mix of investments using the Plan's options (go to step 3b and then to step 4)

Step 3a: Choose Your Investment Strategy Based on Risk Tolerance (for all future deposits and current positions)

Select a single option from the list below by placing a check mark (✓) in the box next to the selection of your choice. Once you've made your selection, go straight to Step 4.

- Conservative Moderate
Growth

Step 3b: Select Your Own Investment Strategy (for all future deposits and current positions- Must total 100%)

You should only complete this section if you are comfortable making investment decisions and you are willing to commit the time and effort necessary to manage your investments. Enter the percentage you want to invest in each option below, making certain that the total is equal to 100%.

Investment Model / Risk Tolerance

- % Conservative
% Growth
% Moderate

Stable Value / Money Market

- % MetLife Stable Value

Fixed Income

- % PIMCO Total Return A
% Templeton Global Bond Adv

Domestic Equity

- % American Century Equity Income Inv
% Boston Trust Small Cap
% Heartland Value Plus
% Segall Bryant & Hamill Small Cap GrInstl

- % T. Rowe Price New America Growth Adv
% Vanguard 500 Index Inv
% Virtus Ceredex Mid-Cap Value Equity I

International / Global Equity

- % American Funds New Perspective R4
% Thornburg International Value R4
% Wasatch Emerging Mrkts Small Cap

Alternatives

- % Rydex Basic Materials A
% Van Eck Global Hard Assets A
% Virtus Duff & Phelps Real Estate Sec A

100 % Total

Step 4: Authorization

By my signature below, I authorize the elections made above. I also understand that if I do not provide Investment Elections, my future deposits and current positions will be invested in the MetLife Stable Value Fund. Please note that your current positions as well as your future deposits to the plan will be invested as indicated.

Your Signature _____ Date _____

Please return completed forms to Steve Wise

Plan Administrator Approval Signature

Plan Administrator Approval Date



Step 1: Enter Your Information and Authorization

Name: _____

SSN: _____

Marital Status: (check one)

Is there a Domestic Relations Order Pending?

Married / Single / Separated

(check one:) Yes / No

Step 2: Enter Your Acknowledgements/Authorizations

By my signature below:

- I understand that I have the right to change or revoke the primary beneficiary designation with the approval of my spouse (if married) subject to receipt by the Plan Administrator of my written designation prior to my death.
- I understand that I may change or revoke my contingent beneficiary designation at any time subject to receipt by the Plan Administrator.
- I understand that if I am married, I must designate my spouse as my only primary beneficiary unless my spouse consents in writing in Step 4. If I am single and marry at a later date, I understand that my spouse will automatically become my only primary beneficiary. I understand that if I do not want my spouse to be my only primary beneficiary, I and my spouse may designate a different primary beneficiary.
- I hereby authorize the Plan Administrator to provide for payment of any Death Benefits as directed by the Plan if my primary and contingent beneficiaries fail to survive me.
- I understand that my Beneficiary Designation shall become effective without further notice upon receipt by the Plan Administrator and is made subject to all of the terms and conditions of the Plan.
- I hereby revoke any prior designation and do hereby direct that, upon my death, any benefit payable with respect to my account under the Plan shall be paid to the **primary beneficiary** named in Step 3. 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 in Step 3.
- I understand that it is my responsibility to complete this form and that I cannot rely on my will, prenuptial agreement, separation agreement, property settlement agreement or court order to specify who will inherit my account, because the Plan does not use any of these documents to distribute death benefits.
- I understand that it is important to review how I have designated my Beneficiary Designation periodically – particularly when my life situation changes (e.g., by marriage, divorce, the birth or adoption of a child, or the death of a beneficiary).
- I understand that if I do not designate a beneficiary before the date of my death, my entire account will be distributed according to the terms of the Plan.
- I understand that if my children are my beneficiaries, and they are minors: (1) the Plan generally will not transfer money directly to a minor and a court will have to appoint a trustee or guardian to receive the money; and (2) I should consider choosing a trustee (person or institution) now, and naming my children's trust as my beneficiary.
- I understand that I should consult with a tax advisor before naming a trust as a beneficiary, to be sure that the selection is appropriate and within the IRS Guidelines.
- I understand that all death benefit payments will be disbursed proportionally from all accounts in the plan and that any outstanding plan loans (if applicable) at the time of my death will become taxable income to my estate and not to my beneficiary.

Participant Signature _____

Date _____



Step 3: Designate Your Beneficiary(ies)

By my signature below, I hereby designate the following beneficiary(ies) for my Plan benefits:

a: Primary Beneficiary(ies)

Name(s) and Contact Information	Relationship	Birth Date	Social Security Number	Share (Must total 100%)

b: Contingent Beneficiary(ies)

Name(s) and Contact Information	Relationship	Birth Date	Social Security Number	Share (Must total 100%)

(Attach additional sheets of paper if more space is required. Each category must total 100%.)

Participant Name _____

SSN _____

Participant Signature _____

Date _____

Step 4: Spousal Consent (Only required if married/separated, and spouse is not sole primary beneficiary**)**

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.

NOTARIZATION OF SPOUSE'S SIGNATURE:

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 as the spouse to the foregoing Beneficiary Election document, who acknowledged that he/she executed the same for the purposes herein contained.

WITNESS my hand and official seal.

Spouse's Signature

Notary Public

My Commission Expires: _____

Please return completed forms to Steve Wise for Approval

Plan Administrator Approval Signature

Plan Administrator Approval Date

Note: Be certain to fill out and return both pages, as the entire form must be completed.