Welcome to The Buchanan Hauling 401(k) Plan
Enroll today!

517326-00000 Enrollment Form

***PortfolioXpress*®: You can subscribe to *PortfolioXpress*®, enroll online only instead of using this form.** *PortfolioXpress*® is a one-step investment service that uses the core funds in your plan to provide an automatic investment strategy that changes over time.

1. Employee Information (Please print)

☐ Married ☐ Not Married Social Security No.: ___ ___ ___ - ___ ___ - ___ ___ ___ ___

First Name _____ M.I. _____

Last Name _____

Mailing Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Telephone Number _____ Email Address _____

Date of Birth _____ Date of Hire _____

Rollover

☐ Please contact me using the information above to help me consolidate another retirement plan (401(k), 403(b), IRA, etc.) into my Transamerica Retirement Solutions account.

2. Contribution Amount

I elect to contribute every pay period the following percentage or amount and understand that I can change this election:

☐ _____.0% on a before-tax basis (enter a percentage, 90% is the maximum).

OR

☐ $_____.00 on a before-tax basis (escriba una cantidad, su aportación anual no puede exceder de $).

The company will match 100% of your contributions, dollar for dollar, up to 3% of eligible pay, plus 50% of each additional dollar greater than 3% and no more than 5% of eligible pay.

The company will make a non-discretionary matching contribution of 100% of the first 2% of compensation that you contribute to the plan. The company matching contribution will not exceed 2% of your eligible compensation.

A 5% contribution maximizes your company matching contributions.

3. Catch-Up Contribution

Consider making a catch-up contribution: if you will be **at least 50 years of age** by year end, and will contribute the maximum permitted by the plan, or will reach the federal limit by year end ($19,000 in 2019). The maximum catch-up contribution is $6,000 in 2019.

I elect to contribute:

☐ $_____.00 per pay period as a catch-up contribution.

☐ _____.0% of my eligible compensation as a catch-up contribution (enter a percentage 1% to 100%).

Social Security No.:___ ___ ___- ___ ___- ___ ___ ___ ___

4. Investment Mix

Please invest my ***future*** plan contributions as indicated.

To create your own investment portfolio, just select from the following available investment choices. All elections must be in whole percentages and total 100%. If you elect to join the plan and fail to make an investment election, or your elections do not equal 100%, your contribution will be invested in *PortfolioXpress®*.

Asset Class	Sub Asset Class		Investment Choice	% of Contribution
Short Bonds/Stable/MMkt				
	Cash Equivalent/Money Market	2BF3	BlackRock Retirement Reserves Money of Retirement Series Trust (Class: Other)	_____.0%
Interm./Long-Term Bond				
	Intermediate-Term Bonds	2B4A	AB High Income R (Class: R)	_____.0%
		2DLE	PIMCO Income R (Class: R)	_____.0%
		2DFU	Voya Intermediate Bond R (Class: R)	_____.0%
	Government Bonds	2BEX	BlackRock US Government Bond R (Class: R)	_____.0%
Large-Cap Stocks				
	Large-Cap Value Stocks	2CR5	MFS Value R2 (Class: R-2)	_____.0%
	Large-Cap Blend Stocks	2BBZ	iShares S&P 500 Index A (Class: A)	_____.0%
	Large-Cap Growth Stocks	2CBC	Janus Henderson Forty R (Class: R)	_____.0%
Small/Mid-Cap Stocks				
	Mid-Cap Value Stocks	2DDY	Victory Sycamore Established Value R (Class: R)	_____.0%
	Mid-Cap Blend Stocks	2CS4	Nationwide Mid Cap Market Index R (Class: R)	_____.0%
	Mid-Cap Growth Stocks	2BS7	Eaton Vance Atlanta Capital SMID-Cap R (Class: R)	_____.0%
	Small-Cap Value Stocks	2BX9	Franklin Small Cap Value R (Class: R)	_____.0%
	Small-Cap Blend Stocks	2DQE	Nationwide Small Cap Index R (Class: R)	_____.0%
	Small-Cap Growth Stocks	2CBY	Janus Henderson Triton R (Class: R)	_____.0%
	Real Estate	2C8S	Invesco Real Estate R (Class: R)	_____.0%
International Stocks				
	World/Foreign Stocks	2DN6	John Hancock International Growth R2 (Class: R-2)	_____.0%
		2CV5	Nuveen NWQ International Value R3 (Class: R-3)	_____.0%
	Emerging Market Stocks	2C9P	Ivy Emerging Markets Equity R (Class: R)	_____.0%
Multi-Asset/Other				
	Balanced	2BCU	BlackRock Global Allocation R (Class: R)	_____.0%

Total for all investment choices must equal 100%: 100.0%

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Social Security No.:___ ___ ___- ___ ___- ___ ___ ___ ___

5. Authorization and Signature

I hereby authorize payroll deduction of plan contributions in accordance with the level(s) I have indicated in this form. I understand this constitutes a "cash or deferred arrangement" under section 401(k) of the Internal Revenue Code and that my contributions are subject to the withdrawal restrictions of the plan. By authorizing a payroll deduction, I understand I am electing to contribute a portion of my salary to the The Buchanan Hauling 401(k) Plan. I understand that certain limitations are imposed on my contributions by Federal law and that my contributions may be refunded to comply with these laws. I further agree that neither Buchanan Hauling & Rigging, Inc., the plan trustee, nor their affiliates will be liable for any loss when acting upon my instructions believed to be genuine.

I understand I have a duty to review my pay records (pay stub, etc.) to confirm the plan administrator has properly implemented my contribution election(s). Furthermore, I have a duty to inform the plan administrator in writing if I discover any discrepancy between my pay records and the election(s) I have made in this enrollment/change form. I understand I may modify my contribution rate prospectively, at the time I notify plan administrator in writing, consistent with the plan terms. Notification of a discrepancy must be received within four weeks of first contribution, otherwise we will assume you are in accordance with said elections.

EMPLOYEE SIGNATURE_____ DATE_____

SUBMIT SIGNED FORM TO YOUR PLAN ADMINISTRATOR.

For Plan Administrator Use Only:

Plan Administrator Signature_____ Date_____

FOR PLAN ADMINISTRATOR USE ONLY: Transamerica, 4333 Edgewood Road NE, Mail Drop 0001, Cedar Rapids, IA 52499 **Fax#:** 866-846-2236

Important Notes

- If you exceed legal/plan limits on regular 401(k) contributions, the excess will be automatically recharacterized as catch-up contributions, up to the limit for catch-up contributions for the year unless you do not satisfy the age and contribution requirements to make catch-up contributions. In that case, excess contributions will be returned to you and may result in additional taxable income to you. Please consult with your tax advisor in the event you exceed IRS/plan limits.
- Your catch-up contribution election will carry over from year to year, except for one-time contributions. You may change your catch-up contribution election at any time by completing an enrollment/change form.
- The investment mix of catch-up contributions will be the same as your regular before-tax contributions. The federal limits may affect the amount you can contribute to the plan each year.
- If you are making catch-up contributions but do not satisfy both the age and contribution requirements listed as #1 and #2 above, your catch-up contributions will be re-categorized as regular before-tax contributions, rather than catch-up contributions, at the end of the year.
- Please be aware that one-time deductions do not carry over to other periods.
- Your contributions' effective date is determined by your plan sponsor's requirements.
- Catch-up Contributions will be taken into account when calculating employer Matching Contributions.

The Buchanan Hauling 401(k) Plan

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Beneficiary Form

Social Security No.:__ __ __- __ __- __ __ __ __

You may name anyone you wish as your beneficiary. However, **if you are married and you name someone other than your spouse as beneficiary for all or part of the benefits payable, your spouse must consent to the beneficiary designation and complete the Spousal Consent section.** If your spouse does not complete the Spousal Consent section, your beneficiary will be your spouse, even if you designate a different beneficiary on this form. Remember that changes in marital status may affect your beneficiary designations, so be sure to keep your designation current.

Submit this completed form to your plan administrator.

Beneficiary Designation

I name the following individual(s) to receive my plan benefits in the event of my death in accordance with the terms of the plan. This beneficiary designation cancels and replaces all prior designations and settlement agreements which I have made under the plan. Benefits will be paid to my primary beneficiary(ies), if living. Benefits will be paid to my contingent beneficiary(ies) only if none of my primary beneficiaries are living.

Percentage must be whole percentages and total 100% for Primary Beneficiary(ies).

-and-

Percentages below must be whole percentages and total 100% for Contingent (Secondary) Beneficiary(ies), if any.

Primary Plan Beneficiary(ies) - Will receive benefits in the event of your death.

Beneficiary Name(s) and Address(es)	Relationship	Date of Birth	Social Security Number	Total of Benefits (100.0%)
				_____.0%
				_____.0%
				_____.0%
				_____.0%

Contingent Plan Beneficiary(ies) - Will receive benefits if no primary beneficiary is living at the time of your death.

Beneficiary Name(s) and Address(es)	Relationship	Date of Birth	Social Security Number	Total of Benefits (100.0%)
				_____.0%
				_____.0%
				_____.0%
				_____.0%

NOTE: If you do not designate a percentage for your primary beneficiaries, the benefit will be equally divided among your primary beneficiaries who survive you. If no primary beneficiary survives you and you do not designate a percentage for your contingent beneficiaries, the benefit will be equally divided among your contingent beneficiaries who survive you. If no beneficiary survives you, benefits will be paid as provided under the plan.

Participant Signature_____ Date _____

Signed at (City and State)_____ Date _____

Participant Name (Please print) _____

The Buchanan Hauling 401(k) Plan Beneficiary Form

Social Security No.:___ ___ ___- ___ ___- ___ ___ ___ ___

Spousal Consent- This section must be completed if your spouse is not designated (100%) as Primary Beneficiary.

I, spouse of _____, hereby consent to the designation of the beneficiary(ies) named on this form. I understand that my spouse has designated someone other than (or in addition to) myself as a beneficiary to receive benefits under this plan. I understand the financial impact of this designation. I also understand that my consent to this designation is irrevocable.

If the plan includes joint and survivor provisions, by signing below, I hereby waive all rights to the pre-retirement survivor benefit with respect to that portion of the plan benefits payable to a beneficiary other than myself.

Spouse Name _____

Spouse Signature _____ Date _____

Notary Public or Plan Representative Signature Required:

Subscribed and sworn to me before this _____ day of _____,_____

Signature _____

State _____County _____