

**PARTICIPANT ENROLLMENT
401(k) PLAN**

AUTO-RAIN 401(K)

934581-01

Participant Information

Last Name	First Name	MI	Social Security Number
Address - Number & Street			E-Mail Address
City	State	Zip Code	Mo Day Year
()	()	Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Married <input type="checkbox"/> Unmarried
Home Phone	Work Phone		

Payroll Information

I elect to contribute _____% or \$_____ (per pay period) of my compensation as before-tax contributions to the 401(k) Plan until such time as I revoke or amend my election.

Payroll Effective Date: _____
Mo Day Year

Date of Hire: _____
Mo Day Year

To be completed by Participant

$$\begin{array}{ccccccc}
 \$ & & + & \$ & = & \$ & \times & = & \$ \\
 \text{Employee Before-Tax} & & & \text{Employer} & & \text{Total Amount} & & \text{Annual Number} & \text{Expected Annual} \\
 \text{Per Pay Period} & & & \text{Per Pay Period} & & \text{Per Pay Period} & & \text{of Pay Periods} & \text{Contribution}
 \end{array}$$

Investment Option Information (applies to all contributions) – Please refer to your enrollment packet for investment descriptions.

<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u> (Internal Use Only)	<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u> (Internal Use Only)
Maxim Aggressive Profile II	G19075	Orchard S&P 500 Index (R)	GF2A
Maxim Moderate Profile II	G21075	Marsico Focus	G25075
Maxim Conservative Profile II	G23075	Orchard NASDAQ-100 (R) Index	G48075
Putnam International Growth A	G53075	Oppenheimer Capital Appreciation A	G64075
Oakmark International II	G65075	Putnam Voyager A	G78075
Janus Adviser Worldwide	G46075	Maxim Bond Index	BF2A
Maxim Ariel Small-Cap Value	GF4A	Maxim Loomis Sayles Corporate Bond	BF3A
Strong Advisor Small Cap Value A	G66075	Maxim US Government Mortgage Securities	BF1A
Orchard Index 600	AG3A	PIMCO Total Return Admin	G82075
RS Diversified Growth	G72075	Guaranteed Certificate Fund 60 Month	GCF
Janus Mid Cap Value Inv	G77075	Guaranteed Certificate Fund 84 Month	GCF
Ariel Appreciation	G75075	Guaranteed Certificate Fund 36 Month	GCF
Fidelity Advisor Mid Cap T	G74075	Maxim Money Market	MMF2A
Maxim T. Rowe Price Equity Income	G80075		

MUST INDICATE WHOLE PERCENTAGES

=100%

See last page for Participation Agreement and Required Signatures



Last Name

First Name

MI

Social Security Number

Participation Agreement

Withdrawal restrictions – I understand that the Internal Revenue Code (the “Code”) and/or my employer’s Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment options – I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified on the first page of this form. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

Compliance with Plan Document and/or the Code – I agree that my employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete forms – I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once my account has been established, I understand that I must call KeyTalk® or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after my account is established will be applied to the investment options I have most recently selected.

Account corrections – I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 60 calendar days of the last calendar quarter. After this 60 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 60 days the correction will be only processed from the date of notification forward and not on a retroactive basis.

Required Signatures – I have completed, understand and agree to all pages of this Participant Enrollment form and I verify that this enrollment was unsolicited. I did not meet with a representative on a one-on-one basis.

Participant Signature

Date

Participant forward to Plan Administrator/Trustee

Plan Administrator forward to Service Provider at:

Great-West

P.O. Box 173764, Denver, CO 80217-3764

Express Address:

8515 E. Orchard Road, Greenwood Village, CO 80111

Phone#: 1-800-338-4015 **Fax#:** 1-303-737-3414

Authorized Plan Administrator/Trustee Signature

Date