

The SoCo Group, Inc. 401(k) Profit Sharing Plan

Enrollment Form

1. PERSONAL INFORMATION			
First Name:	M.I.:	Last Name:	
Social Security #:	Birth Date:	Hire Date:	
Address:	City:	State:	Zip:
Phone Number:	Email:	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married

2. PARTICIPANT ELECTION

- I wish to contribute _____% or \$ _____ of my salary per pay period.
- I will have attained age 50 (or older) prior to the end of the current plan year and wish to make an additional "catch-up" contribution in the amount of \$ _____ equal to the maximum permissible amount. I understand that this amount will also be contributed on a pre-tax basis through payroll deduction.
- I do not wish to contribute at this time.

3. SELECT YOUR INVESTMENTS

To invest in a particular fund, simply enter an amount from 1% to 100% in the row associated with that fund. The percentage allocations must total 100%. Any percentage remaining will automatically be allocated to the default investment for the plan.

Vanguard Target Retirement 2045	_____ %	Third Avenue Value Insti Cl	_____ %
Vanguard Target Retirement 2035	_____ %	American Funds New Perspective R3	_____ %
Vanguard Target Retirement 2030	_____ %	Templeton Developing Markets Adv	_____ %
Vanguard Target Retirement 2025	_____ %	PIMCO Global Multi-Asset A	_____ %
Vanguard Target Retirement 2020	_____ %	Third Avenue Real Estate Value Insti Cl	_____ %
Vanguard Target Retirement 2015	_____ %	American Century Global Gold A	_____ %
Calamos Growth A	_____ %	PIMCO Commodity Real Ret Strat A	_____ %
American Funds Growth Fund of Amer R3	_____ %	Dodge & Cox Balanced	_____ %
Eaton Vance Dividend Builder A	_____ %	Oakmark Equity & Income I	_____ %
Oakmark I	_____ %	Dodge & Cox Income	_____ %
T. Rowe Price Equity Income	_____ %	Managers PIMCO Bond	_____ %
AIM Small Cap Equity A	_____ %	Vanguard Inflation-Protected Secs	_____ %
Oakmark International I	_____ %	Met Life Stable Value	_____ %

PLEASE NOTE: Your total must equal 100%

TOTAL %

If you do not wish to create your own investment allocation above you may elect to invest in a predefined model allocation portfolio. You may elect only one model allocation and the default percentage is automatically 100%

I, the undersigned, consent to making the preceding salary deferral election and investment election. I understand that payroll will begin processing my elections and/or changes as soon as possible.

Participant's Signature _____

Date _____

BENEFICIARY DESIGNATION FORM

(Plan Sponsor: Keep this completed form in employee's personnel file.)

Plan Name: _____

Location Name: _____ Location ID: _____ Ref. No. _____

Your Info	Please type or print clearly			
	Last Name	First Name	M. I.	Social Security Number (SSN)

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If this beneficiary designation form is not completed, either a prior designation or the plan document will govern the distribution of any death benefit. No individual named as Beneficiary shall be entitled to receive payment unless such individual shall survive the Participant. Except as otherwise expressly provided in this designation, if no Beneficiary shall survive the Participant, the death benefits payable shall be payable per the Plan document.

I hereby direct that any and all death benefits payable under the terms of the Plan be payable to the following Beneficiaries in accordance with the following provisions. Any and all previous Beneficiary Designations are hereby revoked.

Beneficiary #1	Name	Date of Birth	Relationship	SSN	Percent
	Primary #1 _____	_____	_____	_____	_____%
	If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).				
	Secondary _____	_____	_____	_____	_____%

Secondary _____	_____	_____	_____	_____%
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Beneficiary #2	Name	Date of Birth	Relationship	SSN	Percent
	Primary #2 _____	_____	_____	_____	_____%
	If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).				
	Secondary _____	_____	_____	_____	_____%

Secondary _____	_____	_____	_____	_____%
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Beneficiary #3	Name	Date of Birth	Relationship	SSN	Percent
	Primary #3 _____	_____	_____	_____	_____%
	If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).				
	Secondary _____	_____	_____	_____	_____%

Secondary _____	_____	_____	_____	_____%
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Consent	If you are currently married and have named any primary beneficiary other than your spouse, the following consent must be signed by your spouse and witnessed by a plan representative or a notary public. If your marital status changes, that may automatically change your beneficiary designation under the terms of the Plan and you should file a new beneficiary designation form.	
	I consent to the beneficiary designation above: _____	_____
	Signature of Participant's Spouse	Date

This instrument was signed before me on _____	_____
Date	Plan Representative or Notary Public

Sign	I understand that the above beneficiary designation will remain in force until I request a change in accordance with the provisions of the Plan.	
	_____	_____
Participant	Date	