



RUMMEL CONSTRUCTION INC. 401(k) PLAN
ENROLLMENT/INVESTMENT SELECTION FORM

Participant Name: _____

Participant Social Security Number _____

Participant Address: _____

Participant Date of Birth: _____

Participant Date of Hire: _____

Form Effective Date: _____

Salary Deferral Agreement

I agree that my pay will be reduced by the amount I have indicated below, and that these dollars will be contributed to the Plan. This agreement will continue to be effective while I am employed unless I change or terminate it. I acknowledge that I have read this entire agreement, understand it, and agree to its terms.

Select One of the Following:

I elect to defer \$ _____ of my compensation per pay period.

Pre-tax contributions of \$ _____

After-tax Roth contributions of \$ _____

I do not wish to make deferrals.

Investment Selection

I elect to have my plan contributions under the Plan invested by selecting one of the pre-defined risk models or by creating my own custom portfolio by selecting any desired allocation percentage for each fund in the space provided:

	Fund Name	Ticker	Percentage Selection		Fund Name	Ticker	Percentage Selection
1	Columbia Cash Reserves Z	CHZXX	%	12	American Funds Hi Inc Tr	RITEX	%
2	Oppenheimer Value A	CGRWX	%	13	T.Rowe Price 2005 Retirement	PARGX	%
3	Davis NY Venture A	NYVTX	%	14	T.Rowe Price 2010 Retirement	PARAX	%
4	Columbia Marsico 21 st Century	NMTAX	%	15	T.Rowe Price 2020 Retirement	PARBX	%
5	Columbia Mid Cap Value	CMUAX	%	16	T.Rowe Price 2030 Retirement	PARCX	%
6	Columbia Acorn A	LACAX	%	17	T.Rowe Price 2040 Retirement	PARDX	%
7	Columbia Small Cap Value	CSMIX	%	18	Columbia U.S. Treasury Index Z	IUTIX	%
8	American Funds EuroPacific	REREX	%	*	Rummel Conservative Model		%
9	Columbia Acorn Intl A	LAIAX	%	*	Rummel Moderate Model		%
10	American Funds Cap Inc	RIREX	%	*	Rummel Aggressive Model		%
11	American Funds Bond Fund	RBFEX	%				

MUST EQUAL 100%

* The risk models are designed to provide you with an asset allocation mix, comprised of the funds in the Plan. Both the time horizon and risk tolerance should be considered when choosing a model. Only choose one model and your future contributions will be invested using this mix.

Signatures

Employee

Date

Employer

Date



RUMMEL CONSTRUCTION INC. 401(k) PLAN
DESIGNATION OF BENEFICIARY FORM

Participant Name: _____

Participant Social Security Number _____

Participant Address: _____

Participant Date of Birth: _____

Participant Date of Hire: _____

Form Effective Date: _____

Current Marital Status

- I AM NOT MARRIED. I understand that if I become married in the future, my spouse will be my primary beneficiary unless I complete a new Designation of Beneficiary form and my spouse consents to my designation.
- I AM MARRIED. I understand that my spouse will be my primary beneficiary. However, I understand that I may designate a primary beneficiary other than my spouse on the space below if my spouse signs the section below entitled "Consent of Spouse."

Designation of Beneficiary(ies)

The following individual(s) shall be my beneficiary(ies). Please check primary or contingent for each individual beneficiary. If neither is checked, the individual will be deemed to be a primary beneficiary. If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my Qualified Plan Balance.

Primary Contingent
 Name _____ Social Security Number _____
 Address _____ Date of Birth _____ Share _____ %
 _____ Relationship _____

Primary Contingent
 Name _____ Social Security Number _____
 Address _____ Date of Birth _____ Share _____ %
 _____ Relationship _____

Consent of Spouse

(Only needed when Nonspouse Beneficiary(ies) are named as Primary Beneficiary)

I am the spouse of the participant named above. I hereby consent to the above designation of beneficiary. I understand that if anyone other than me is designated as Primary Beneficiary on this form, I am waiving any rights I may have to receive benefits under the plan when my spouse dies.

Participant's Spouse (Must be notarized) _____ Date _____

WITNESS OF SPOUSE'S CONSENT
The signature of the spouse must be witnessed by a notary public.

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

Notary Public _____ Date _____

Signatures

Employee _____ Date _____

Employer _____ Date _____