

**Alkeme Financial 401(k) Retirement Plan Exchange
935085 - 000
Enrollment/Change Form**

Social Security Number: - -

Use this form only to designate your investment choices for future contributions. To transfer investment balances use the toll free number, if applicable, or contact your Plan Administrator.
You must complete a Beneficiary Designation Form.

Employee Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Initial	Last Name
<input type="text"/>		
Street Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP
<input type="text"/>	<input type="text"/>	<input type="radio"/> Married <input type="radio"/> Not married
Telephone Number	Email Address	Married Status
<input type="text"/>	<input type="text"/>	
Date of Birth (MM/DD/YYYY)	Date of Hire (MM/DD/YYYY)	

Reason for Form

- | | |
|---|--|
| <input type="checkbox"/> I am eligible and am enrolling in the Plan. ** | <input type="checkbox"/> I am stopping all of my contributions. |
| <input type="checkbox"/> I am changing my current contribution levels. | <input type="checkbox"/> I am changing my beneficiary designation. |
| <input type="checkbox"/> I am changing my future investment mix. | <input type="checkbox"/> I elect not to make contributions to the Plan at this time. |
| <input type="checkbox"/> I am changing or stopping my catch-up contributions. | |

* If you elect to join the Plan and fail to make an investment choice election, or your elections do not total to 100% your contribution will be invested by the Plan's default. Please contact your Plan Administrator for specifics regarding your Plan's default investment choice.

Contribution Amount

Before-Tax Contributions:

- I wish to contribute \$ of my eligible pay on a before-tax basis.
- I wish to contribute % of my eligible pay on a before-tax basis.
- I do not wish to make before-tax contributions at this time.

I understand that IRS/Plan limits may affect the amount I can contribute to the Plan each year.

After-Tax Contributions:

- I wish to contribute \$ of my eligible pay on an after-tax basis to my Roth 401(k).
- I wish to contribute % of my eligible pay on an after-tax basis to my Roth 401(k).

Total Contribution:

Catch-up Contributions

You may elect or change your Catch-up Contribution at any time. The effective date of your election is based on your Plan's provisions. Other factors may also affect your Catch-up Contributions. Therefore, please read the Important Notes below before making an election.

- I elect to contribute \$.00 per pay period as a Catch-up Contribution.
- I elect to contribute % of my eligible earnings as a Catch-up Contribution.
(Percentage amount entered must be from 1% to 100%.)
- I elect to stop making Catch-up Contributions.
- I do not wish to make Catch-up Contributions at this time.
- I will not be at least age 50 by the end of the year.

*** Important Notes:**

- If you exceed IRS/Plan limits (limits apply to the sum of before-tax or after-tax 401(k) contributions), the excess will be automatically re-characterized as Catch-up Contributions, up to the limit for Catch-up Contributions for the year.
- With the exception of one-time deductions, your Catch-up Contribution election will carry over from year to year.
- The investment mix of Catch-up Contributions will be the same as your regular contributions. The IRS/Plan 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, your Catch-up Contributions will be re-characterized as regular contributions at the end of the year.
- Catch-up Contributions will be allocated in the same proportion as your total elective contribution. For example, if you have elected to contribute 6% of your traditional 401(k) account and 4% to your Roth 401(k) account, 60% of your total elective contribution will be directed into your traditional 401(k) account and 40% will be directed into your Roth 401(k) account. If you make a Catch-up Contribution of \$5,000, \$3,000 ($\$5,000 \times .60$) of your Catch-up Contribution will go into your traditional 401(k) account and \$2,000 ($\$5,000 \times .40$) of your Catch-up Contribution will go into your Roth 401(k) account.

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Name:

Social Security Number:

Investment Mix

Please invest my *future* Plan contributions in the Alkeme Financial 401(k) Retirement Plan Exchange as indicated below, in whole percentages.

Asset Class	Investment Choice	Code	Investment Choice Election %
Short Bonds/Stable/MMkt	Transamerica Stable Value Ascend Account	Q2WD	<input type="text"/> %
Interm./Long-Term Bond	iShares U.S. Aggregate Bond Index K	Y06V	<input type="text"/> %
Interm./Long-Term Bond	PIMCO Income Instl	Z638	<input type="text"/> %
Interm./Long-Term Bond	Victory Core Plus Intermediate Bond R6	Y6L5	<input type="text"/> %
Large-Cap Stocks	RPAG/Wilmington Large Cap Value Fund	Y66L	<input type="text"/> %
Large-Cap Stocks	Fidelity 500 Index	Y5L6	<input type="text"/> %
Large-Cap Stocks	Large Cap Growth IV	Y78G	<input type="text"/> %
Small/Mid-Cap Stocks	Mid Cap Value Fund Fee Class R1	Y6GW	<input type="text"/> %
Small/Mid-Cap Stocks	Fidelity Mid Cap Index	Y5LE	<input type="text"/> %
Small/Mid-Cap Stocks	Mid Cap Growth Fund Fee Class R1	Y6GV	<input type="text"/> %
Small/Mid-Cap Stocks	Small Cap Value III R1	Y782	<input type="text"/> %
Small/Mid-Cap Stocks	Fidelity Small Cap Index	Y5LF	<input type="text"/> %
Small/Mid-Cap Stocks	Small Cap Growth Fund II Fee Class R1	Y6GX	<input type="text"/> %
International Stocks	International Equity Fund R1	Y6LM	<input type="text"/> %
International Stocks	TIAA-CREF International Equity Index Instl	Z885	<input type="text"/> %
International Stocks	American Funds New World R6	Z405	<input type="text"/> %
Multi-Asset/Other	Balanced ESG Fund Fee Class R1	Y6GZ	<input type="text"/> %
Multi-Asset/Other	Nuveen TIAA Lifecycle Index Retirement Income R	Y78L	<input type="text"/> %
Multi-Asset/Other	Nuveen TIAA Lifecycle Index 2010 R	Y78M	<input type="text"/> %
Multi-Asset/Other	Nuveen TIAA Lifecycle Index 2015 R	Y78N	<input type="text"/> %
Multi-Asset/Other	Nuveen TIAA Lifecycle Index 2020 R	Y78P	<input type="text"/> %
Multi-Asset/Other	Nuveen TIAA Lifecycle Index 2025 R	Y78Q	<input type="text"/> %
Multi-Asset/Other	Nuveen TIAA Lifecycle Index 2030 R	Y78R	<input type="text"/> %
Multi-Asset/Other	Nuveen TIAA Lifecycle Index 2035 R	Y78S	<input type="text"/> %
Multi-Asset/Other	Nuveen TIAA Lifecycle Index 2040 R	Y78T	<input type="text"/> %
Multi-Asset/Other	Nuveen TIAA Lifecycle Index 2045 R	Y78U	<input type="text"/> %
Multi-Asset/Other	Nuveen TIAA Lifecycle Index 2050 R	Y78V	<input type="text"/> %
Multi-Asset/Other	Nuveen TIAA Lifecycle Index 2055 R	Y78W	<input type="text"/> %
Multi-Asset/Other	Nuveen TIAA Lifecycle Index 2060 R	Y78X	<input type="text"/> %
Multi-Asset/Other	Nuveen TIAA Lifecycle Index 2065 R	Y78Y	<input type="text"/> %
Total For All Investment Choices			<input type="text"/> %

After your initial enrollment in the Plan, to transfer existing plan account balances with Transmerica Retirement Solutions, do not use this form. Use the toll free number, if applicable, or contact your Plan Administrator. You must complete a Beneficiary Designation Form.

Authorization and Signature

I hereby authorize a payroll deduction of Plan contributions in accordance with the level(s) I have indicated. 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 defer a portion of my salary to the Alkeme Financial 401(k) Retirement Plan Exchange. 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 TAG Resources, LLC, 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 deferral rate prospectively, at the time I notify Plan Administrator in writing, consistent with the Plan terms.

Employee Signature	Date
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Plan Administrator Signature	Date
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Once this form has been completed with all the necessary information and required signatures, please forward for processing. The form cannot be processed without Plan Administrator's signature

Mail: Processing Center: 6501 Deane Hill Drive, Knoxville, TN 37919 **Fax No:** (865) 670-0227

Primary Contingent

Percentage

<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name Initial Last Name

<input type="text"/>	<input type="text"/>
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Street Address Apartment No.

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>
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City State ZIP

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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Social Security Number Date of Birth (MM/DD/YYYY) Relationship (Beneficiary is my _____)

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BENEFICIARY DESIGNATION FORM**

Name: **Social Security Number:**

Beneficiary Designation Authorization and Signature

Participant Signature Signed at (City and State) Date

Spousal Consent

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.

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