Anderson Auto Group 401(k) Profit Sharing Plan & Trust (1399)

Instructions

The attached forms are used to enroll in the Anderson Auto Group 401(k) Profit Sharing Plan & Trust. You will need to:

- ✓ Fill out the Enrollment Request Form, in full, prior to returning it to the Benefits Office at AAI, Inc.
- ✓ Identify any previous contributions you have made to other qualified plans during this calendar year (to comply with limitations set by the IRS on annual maximum deferral contributions).
- ✓ Complete a Designation of Beneficiary Form to select the recipient of your account balance in the event of your death. You will need to certify your marital status, and if you are married, you must designate your spouse as your primary beneficiary, unless your spouse signs a Spousal Consent waiver. Your spouse will need to sign the waiver in the presence of your Plan Representative or a Notary Public.

Enrollment Request

Anderson Auto Group 401(k) Profit Sharing Plan & Trust (1399)

Employee Information

Name:_____ Social Security Number: _____–_____–_____

Mailing Address:_____

City:_____ State:_____ Zip Code:_____

Date of Birth: _____/_____/_____ Date of Hire: _____/_____/_____

Contribution Election

Traditional Pre-Tax Deferral

☐ As a Participant, I hereby authorize the Employer to deduct _____% (between 1% and 75%; whole percentages only) of my compensation or a flat dollar amount of $_____ (per payroll period), which I understand will be contributed by the Employer to the Plan for allocation to my account on a ***pre-tax*** basis.

Roth After-Tax Deferral

☐ As a Participant, I hereby authorize the Employer to deduct _____% (between 1% and 75%; whole percentages only) of my compensation or a flat dollar amount of $_____ (per payroll period), which I understand will be contributed by the Employer to the Plan for allocation to my account on an ***after-tax Roth*** basis.

☐ During the current calendar year I have made deferral contributions to a 401(k) Plan, 403(b) Annuity Plan, or Simplified Employee Pension Plan sponsored by any previous employer in the amount of $_____.

Investment Direction

After the effective date of this election form, I elect that all future contributions be invested as follows: (Please make designations in whole numbers, such as 3%, 8%, or 25%)

Vanguard Small Cap Value Index Adm	%
Vanguard Interm-Term Invest Grade Adm	%
American Funds Money Market R6	%
Vanguard Total World Stock Index	%
Vanguard Target Retirement 2020	%
Vanguard Target Retirement 2030	%
Vanguard Target Retirement 2040	%
Vanguard Target Retirement 2050	%
Alliance Bernstein Global Bond	%
Vanguard Balanced Index Adm	%
Vanguard 500 Index Adm	%
Vanguard Growth Index Adm	%
Vanguard Mid Cap Index Adm	%
Vanguard Total Intl Stock Indx Adm	%
Total must equal	**100%**

Signature and Acknowledgement *Check the applicable box, then sign and date below.*

☐ I have read and understand the summary that describes the Plan. I have completed the beneficiary form, and I agree to be bound by the provisions of the Plan. I have also received and read a current prospectus or description for each of the funds, and I understand the objectives, risks, expenses, and charges associated with each of the funds.

☐ I decline enrollment and I have made no contribution election.

Date _____ Signature of Employee _____

For Use by AAI, Inc. Only

Effective date: ____/____/____

Date _____ Signature of Plan Representative _____

Designation of Beneficiary

Anderson Auto Group 401(k) Profit Sharing Plan & Trust (1399)

Employee Information

Name:_____ Social Security Number:___–___–___

Mailing Address:_____

City:_____ State:_____ Zip Code:_____ Date of Birth:___/___/___

Marital Status: ☐ I am legally married. ☐ I am not currently married. ☐ my spouse cannot be located.

This beneficiary form is used to designate the recipient of your account balance upon your death. Please designate a primary and a secondary beneficiary (or beneficiaries). If you are married, your spouse must be the sole primary beneficiary, unless your spouse has signed the consent below. If your primary beneficiary pre-deceases you, the secondary beneficiary will receive the account balance. If none of your designated beneficiaries are living at the time of death, or you have not designated a beneficiary, then the account balance shall be paid to your spouse. If you have no surviving spouse, the account balance will be distributed to your living issue, or if you have no living issue at that time, then the balance shall be distributed in a lump sum to your estate. You may want to review your Designation of Beneficiary form if your marital status changes.

Primary Beneficiary/ Beneficiaries:

Name:_____ Social Security Number:___–___–___

Mailing Address:_____

City:_____ State:_____ Zip Code:_____ Date of Birth:___/___/___

Relationship:_____ Percentage:_____%

Name:_____ Social Security Number:___–___–___

Mailing Address:_____

City:_____ State:_____ Zip Code:_____ Date of Birth:___/___/___

Relationship:_____ Percentage:_____%

Secondary Beneficiary/ Beneficiaries:

Name:_____ Social Security Number:___–___–___

Mailing Address:_____

City:_____ State:_____ Zip Code:_____ Date of Birth:___/___/___

Relationship:_____ Percentage:_____%

Name:_____ Social Security Number:___–___–___

Mailing Address:_____

City:_____ State:_____ Zip Code:_____ Date of Birth:___/___/___

Relationship:_____ Percentage:_____%

Employee Authorization

Execution of this form and delivery thereof to the Plan Representative revokes all prior designations of beneficiaries that I may have made.

_____ _____

Date Employee Signature

_____ _____

Date Signature of Witness

Spousal Consent

I certify that I am the spouse of the participant named above and I have read and understand the form as completed and signed by my spouse. I hereby consent to, acquiesce in, and understand the effects of my spouse's designation of beneficiary made herein. I further understand that I will not receive any retirement benefits (including any survivor annuity) which may be payable under the plan because of my spouse's death, except to the extent expressly provided in this beneficiary designation form. I understand that my consent cannot be changed unless my spouse revokes the waiver election.

Date _____ Signature of Spouse _____

Acknowledgement of Witness:

STATE OF _____

COUNTY OF _____

On _____ before me, _____, personally appeared
(insert name and title of the officer)

_____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ Seal

For Use by AAI, Inc. Only

Date Received _____ Signature of Plan Representative _____