

**Participant Enrollment  
401(k) Plan**

**Progressive Services, Inc. 401(k) Salary Reduction Plan**

**503260-01**

**Participant Information**

\_\_\_\_\_  
Last Name                      First Name                      MI  
*(The name provided MUST match the name on file with Service Provider.)*

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City                                      State                      Zip Code

(     )                      (     )  
Home Phone                      Work Phone

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
E-Mail Address

Mo     Day     Year                       Female                       Male

\_\_\_\_\_  
Date of Birth                       Married                       Unmarried

Check box if you prefer to receive quarterly account statements in Spanish.

Do you have a retirement savings account with a previous employer or an IRA?  Yes  No

Would you like help consolidating your other retirement accounts into your account with Empower Retirement?  Yes, I would like a representative to call me at phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ to review my options and assist me with the process. The best time to call is \_\_\_\_\_ to \_\_\_\_\_ A.M./P.M. (circle one - available 6 a.m. to 8 p.m. Mountain time). \*Rollovers are subject to your Plan's provisions.

**Payroll Information**

I elect to contribute \_\_\_\_\_% (1% - 100%) 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.

Note: The total of your before-tax deferrals cannot exceed 100% or \$19,000.00. If I am 50 years of age or older and I am eligible for a catch-up contribution, I understand I may exceed this total.

I decline to make contributions to the Plan at this time.

Payroll Effective Date:     \_\_\_\_\_  
Mo     Day     Year

Date of Hire:     \_\_\_\_\_  
Mo     Day     Year

**Age 50 Catch-Up Election**

The total before-tax Age 50 Catch-Up amount cannot exceed \$6,000.00 of my eligible compensation in the 2019 tax year. I must be age 50 or older during this calendar year and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan. If I stop my deferrals and/or do not defer the maximum amount during this calendar year, the Age 50 Catch-Up amount I have elected to contribute will not be considered a Catch-Up deferral. The Catch-Up contributions will be allocated in the same manner as my regular contributions.

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

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

**See below for Participation Agreement and Required Signature**

INVESTMENT OPTION			INVESTMENT OPTION		
NAME	TICKER CODE	%	NAME	TICKER CODE	%
Smart Lifecycle 2020.....	N/A	PNMK20	DFA US Targeted Value I.....	DFVFX	DFVFX
Smart Lifecycle 2025.....	N/A	PNMK25	Vanguard Small Cap Growth Index Admiral....	VSGAX	VSGAX
Smart Lifecycle 2030.....	N/A	PNMK30	Vanguard Small Cap Index Adm.....	VSMAX	VSMAX
Smart Lifecycle 2035.....	N/A	PNMK35	Vanguard Mid-Cap Growth Index Admiral.....	VMGMX	VMGMX
Smart Lifecycle 2040.....	N/A	PNMK40	Vanguard Mid-Cap Value Index Admiral.....	VMVAX	VMVAX
Smart Lifecycle 2045.....	N/A	PNMK45	BlackRock Mid Cap Equity Index Fee Cl 6.....	N/A	WTMCE6
Smart Lifecycle 2050.....	N/A	PNMK50	DFA US Large Cap Growth Instl.....	DUSLX	DUSLX
Smart Lifecycle 2055.....	N/A	PNMK55	JPMorgan Equity Income R6.....	OIEJX	OIEJX
Smart Lifecycle 2060.....	N/A	PNMK60	BlackRock Russell 1000 Index Fee Cl 6.....	N/A	WTLCE6
Smart Lifecycle Retirement.....	N/A	PNMKRT	AB Global Bond Z.....	ANAZX	ANAZX
American Funds New World R6.....	RNWXG	RNWXG	Invesco Oppenheimer Total Return Bond R6....	OPBIX	OPBIX
Invesco Oppenheimer Int'l Growth R6.....	OIGIX	OIGIX	Pioneer Strategic Income K.....	STRKX	STRKX
Vanguard Total Intl Stock Index Admiral.....	VTIAX	VTIAX	Vanguard Total Bond Market Index Admiral....	VBTLX	VBTLX
BlackRock Russell 2000 Index Fee Cl 6.....	N/A	WTSCE6	Vanguard Total Intl Bd Idx Admiral.....	VTABX	VTABX

Last Name

First Name

M.I.

Social Security Number

<u>NAME</u>	<u>TICKER CODE</u>	<u>%</u>	<u>NAME</u>	<u>TICKER CODE</u>	<u>%</u>
DFA Real Estate Securities I.....	DFREX DFREX		Guaranteed Interest Fund.....	GWGIF GWGIF	
<b>MUST INDICATE WHOLE PERCENTAGES</b>					<b>=100%</b>

### 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 in the Investment Option Information section. 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 1-800-338-4015 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 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will be only processed from the date of notification forward and not on a retroactive basis.

**Required Signature(s)** - I have completed, understand and agree to all pages of this Participant Enrollment form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at:  
<http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Participant Signature

Date

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

Participant forward to Service Provider at:

Empower Retirement  
 PO Box 173764  
 Denver, CO 80217-3764

**Express Address:**

8515 E. Orchard Road, Greenwood Village, CO 80111

**Phone#:** 1-800-338-4015

**Fax#:** 1-866-633-5212

We will not accept hand delivered forms at Express Mail addresses.

**Securities offered through GWFS Equities, Inc., Member FINRA/SIPC, and/or other broker-dealers.** Retirement products and services provided by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: New York, NY, and their subsidiaries and affiliates, including GWFS and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC.