

Participant Enrollment

Ergon 401(k) Plan

344003-01

Participant Information

Last Name	First Name	MI
(The name provided MUST match the name on file with Service Center.)		
Mailing Address		
City	State	Zip Code
()		
Daytime Phone		

Social Security Number			
E-Mail Address			
Mo	Day	Year	
Date of Birth			
☐ Female	☐ Male		
☐ Married	☐ Unmarried		

Payroll Information

Division Name	Division Number
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Investment Option Information (applies to all contributions) - Please refer to the Participation Agreement later in this form or your communication materials for information regarding each investment option.

I understand that funds may impose redemption fees and/or transfer restrictions 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.

INVESTMENT OPTION

NAME	TICKER	CODE	%
American Funds AMCAP Fund R5.....	RAFFX.....	RAFFX	
American Funds EuroPacific Gr R5.....	RERFX.....	RERFX	
American Funds Growth Fund of Amer R5.....	RGAFX.....	RGAFX	
American Funds New Perspective R5.....	RNPFX.....	RNPFX	
American Funds SMALLCAP World R5.....	RSLFX.....	RSLFX	
Janus Henderson Enterprise I.....	JMGRX.....	JMGRX1	
Oppenheimer Developing Markets Y.....	ODVYX.....	ODVYX	
Janus Henderson Small Cap Value I.....	JSCOX.....	JSCOX1	
Vanguard Small Cap Growth Index Admiral.....	VSGAX.....	VSGAX1	
Victory Sycamore Established Value I.....	VEVIX.....	VEVIX	
American Funds Capital World G/I R5.....	RWIFX.....	RWIFX	
American Funds Fundamental Investors R5.....	RFNFX.....	RFNFX	
American Funds Invmt Co of America R5.....	RICFX.....	RICFX	
American Funds Washington Mutual R5.....	RWMFX.....	RWMFX	
Vanguard 500 Index Fund - Admiral.....	VFIAX.....	VFIAX	
American Funds Capital Inc Bldr R5.....	RIRFX.....	RIRFX	
American Funds Inc Fund of Amer R5.....	RIDFX.....	RIDFX	
American Funds American Balanced R5.....	RLBFX.....	RLBFX	
American Funds Bond Fund of Amer R5.....	RBFFX.....	RBFFX	
American Funds US Government Sec R5.....	RGVFX.....	RGVFX	
BlackRock High Yield Bond Instl.....	BHYIX.....	BHYIX	
Lord Abbett Short Duration Income I.....	LLDYX.....	LLDYX	
PIMCO Income Instl.....	PIMIX.....	PIMIX	
Federated Capital Preservation Fund IP.....	N/A.....	FECPIN	
American Funds 2010 Target Date Fund R5.....	REATX.....	REATX	
American Funds 2015 Target Date Fund R5.....	REJTX.....	REJTX	
American Funds 2020 Target Date Fund R5.....	RECTX.....	RECTX	
American Funds 2025 Target Date Fund R5.....	REDTX.....	REDTX	
American Funds 2030 Target Date Fund R5.....	REETX.....	REETX	

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Last Name	First Name	MI	Social Security Number
American Funds 2035 Target Date Fund R5.....	REFTX.....	REFTX	_____
American Funds 2040 Target Date Fund R5.....	REGTX.....	REGTX	_____
American Funds 2045 Target Date Fund R5.....	REHTX.....	REHTX	_____
American Funds 2050 Target Date Fund R5.....	REITX.....	REITX	_____
American Funds 2055 Target Date Fund R5.....	REKTX.....	REKTX	_____
American Funds 2060 Target Date Fund R5.....	REMTX.....	REMTX	_____
MUST INDICATE WHOLE PERCENTAGES			= 100%

See last page for Participation Agreement and the Required Signature

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on direct rollovers 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 direct rollovers.

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 on the first page of this form. 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 and/or disclosure documents, have been made available to me and I understand the risks of investing.

Plan Fees - I understand that fees may apply under this Plan.

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 Plan Administrator prior to the receipt of any deposits, I specifically consent to Service Center 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 the toll-free number 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 Center of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Required Signature

My signature acknowledges that I have read, understand and agree to the terms of this Participant Enrollment form.

Participant forward to Plan Administrator

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