CAPITAL GROUP® | AMERICAN FUNDS®

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.)

Social Security Number

Mailing Address

E-Mail Address

City | State | Zip Code

Mo | Day | Year

Date of Birth

❑ Female ❑ Male

❑ Married ❑ Unmarried

( )

Daytime Phone

Payroll Information

Division Name

Division Number

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 R6	RAFGX	RAFGX	
American Funds EuroPacific Gr R6	RERGX	RERGX	
American Funds Growth Fund of Amer R6	RGAGX	RGAGX	
American Funds New Perspective R6	RNPGX	RNPGX	
American Funds SMALLCAP World R6	RLLGX	RLLGX	
Janus Henderson Enterprise N	JDMNX	JDMNX	
Invesco Developing Markets R6	ODVIX	ODVIX	
Janus Henderson Small Cap Value N	JDSNX	JDSNX	
Vanguard Small Cap Growth Index Admiral	VSGAX	VSGAX1	
Victory Sycamore Established Value R6	VEVRX	VEVRX	
American Funds Capital World G/I R6	RWIGX	RWIGX	
American Funds Fundamental Investors R6	RFNGX	RFNGX	
American Funds Washington Mutual R6	RWMGX	RWMGX	
J P Morgan Equity Income R6	OIEJX	OIEJX	
Vanguard 500 Index Fund - Admiral	VFIAX	VFIAX	
American Funds Capital Inc Bldr R6	RIRGX	RIRGX	
American Funds Income Fund of America R6	RIDGX	RIDGX	
American Funds American Balanced R6	RLBGX	RLBGX	
American Funds Bond Fund of Amer R6	RBFGX	RBFGX	
American Funds US Government Sec R6	RGVGX	RGVGX	
Lord Abbett Short Duration Income R6	LDLVX	LDLVX	
PIMCO Income Instl	PIMIX	PIMIX	
BlackRock High Yield Bond Portfolio K	BRHYX	BRHYX	
Federated Capital Preservation Fund R6P	N/A	FECAP6	
American Funds 2010 Target Date Fund R6	RFTTX	RFTTX	
American Funds 2015 Target Date Fund R6	RFJTX	RFJTX	
American Funds 2020 Target Date Fund R6	RRCTX	RRCTX	
American Funds 2025 Target Date Fund R6	RFDTX	RFDTX	
American Funds 2030 Target Date Fund R6	RFETX	RFETX	

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American Funds 2035 Target Date Fund R6	**RFFTX**	**RFFTX**	
American Funds 2040 Target Date Fund R6	**RFGTX**	**RFGTX**	
American Funds 2045 Target Date Fund R6	**RFHTX**	**RFHTX**	
American Funds 2050 Target Date Fund R6	**RFITX**	**RFITX**	
American Funds 2055 Target Date Fund R6	**RFKTX**	**RFKTX**	
American Funds 2060 Target Date Fund R6	**RFUTX**	**RFUTX**	
American Funds 2065 Target Date Fund R6	**RFVTX**	**RFVTX**	
		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**

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