

ENROLLMENT FORM
LOCKHART 401(K) RETIREMENT PLAN



Plan Number: 81A408

Participant Information: Tell us who you are, and how we can reach you.

Name (first, middle initial, last)	Social Security Number	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address (number & street)	Date of Birth (MM/DD/YYYY)	Date of Hire (MM/DD/YYYY)
	Home Phone	Work Phone & Extension
City/Town	State	Zip Code
Email Address	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	

Contribution Information: Tell us how much you would like to save per pay period.

PRE-TAX CONTRIBUTIONS	<input type="checkbox"/> Yes, I want to contribute ____% or \$____ of my compensation per pay period on a pre-tax basis.
ROTH CONTRIBUTIONS	<p>Your plan offers an After-Tax Roth 401(k) savings option. You may make a Roth contribution in addition to, or instead of, the other contribution options shown above, subject to IRS limits.</p> <p><input type="checkbox"/> Yes, I want to make a Roth contribution of ____% of my compensation per pay period on an after-tax basis.</p>
CATCH-UP CONTRIBUTIONS	<p>The IRS allows participants age 50 or older to contribute up to an additional \$7,500.00 per year, as increased based on the Cost of Living Adjustment. Catch-Up contributions will be made on a pre-tax basis unless you indicate you want to contribute on a Roth basis by checking here: <input type="checkbox"/> Roth.</p> <p><input type="checkbox"/> Yes, I want to make a Catch-Up contribution of ____% or \$____ of my compensation under the catch-up provision.</p>
WAIVE PARTICIPATION	<input type="checkbox"/> No, thank you. I do not want to participate in my employer's retirement plan at this time. I am choosing not to save any compensation.

Investment Selection: We'll tell you about your investment choices; you decide what's right for you.

OPTION ONE: I DON'T WANT TO GO IT ALONE

Managed Account Program

I WANT MY RETIREMENT PLAN ACCOUNT MANAGED BY PROFESSIONALS.

Your plan offers a Managed Account Program that is designed to make it easier for you to manage your account. The related fees are described in the Advisory Services Overview section of your enrollment materials.

Once you have enrolled, you can update your personal information through Voya's participant Web site. After you log on, click on Get Investment Advice.

☐ Yes, I want to participate in the Managed Account program to receive professional investment management and ongoing oversight of my retirement account.

You can personalize your retirement strategy even further if you wish to provide salary information:

Annual Salary \$_____

Form No. E001 (05/14)



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Investment Selection (continued): We'll tell you about your investment choices; you decide what's right for you.

OPTION TWO: I LIKE TO KEEP IT SIMPLE

VOYA INDEX SOLUTION PORTFOLIOSSM

I WANT TO INVEST IN PROFESSIONALLY MANAGED PORTFOLIOS THAT PROVIDE DIVERSIFICATION.

☐ Yes! I want to invest 100% of my contributions in the selected Voya Index Solution Portfolio.

Select the Voya Index Solution Portfolio that tracks most closely with the year you plan to retire.

- | | |
|---|---|
| <input type="checkbox"/> VOYA INDEX SOLUTION 2025 PORTFOLIO Z | <input type="checkbox"/> VOYA INDEX SOLUTION 2050 PORTFOLIO Z |
| <input type="checkbox"/> VOYA INDEX SOLUTION 2030 PORTFOLIO Z | <input type="checkbox"/> VOYA INDEX SOLUTION 2055 PORTFOLIO Z |
| <input type="checkbox"/> VOYA INDEX SOLUTION 2035 PORTFOLIO Z | <input type="checkbox"/> VOYA INDEX SOLUTION 2060 PORTFOLIO Z |
| <input type="checkbox"/> VOYA INDEX SOLUTION 2040 PORTFOLIO Z | <input type="checkbox"/> VOYA INDEX SOLUTION 2065 PORTFOLIO Z |
| <input type="checkbox"/> VOYA INDEX SOLUTION 2045 PORTFOLIO Z | <input type="checkbox"/> VOYA INDEX SOLUTION INCOME PORT Z |

OPTION THREE: I'VE GOT THE BASICS COVERED

RISK-BASED FUNDS

I WANT TO INVEST IN PROFESSIONALLY MANAGED FUNDS THAT PROVIDE DIVERSIFICATION.

To select a risk-based fund go to option four and enter 100% in the fund that best suits your investment risk tolerance. The risk-based options are listed under Asset Allocation.

OPTION FOUR: I WANT TO BE IN CONTROL

I WANT CONTROL. I WILL CHOOSE MY OWN INVESTMENT MIX.

☐ Yes, I want to invest my contributions according to the allocations designated below. A maximum of 25 investment options may be selected.

Use this section to select a percentage other than 100% for options previously listed.

	Fund#		Fund#
Stability of Principal		Asset Allocation	
Voya Fixed Account (4062)	(xxxx) ____%	Voya Index Solution 2065 Portfolio Z	(E474) ____%
Bonds		Voya Index Solution Income Port Z	(3215) ____%
DFA Inflat-Prot Securities Port Inst	(3223) ____%	Balanced	
PGIM High Yield Fund R6	(6589) ____%	American Funds Am Balanced R6	(7027) ____%
Voya Intermediate Bond Fund R6	(6431) ____%	Large Cap Value/Blend	
Asset Allocation		American Funds Fundamental Inv R6	(2323) ____%
Vanguard LifeStrat Cnsvr Grw Fd Inv	(2608) ____%	American Funds Wash Mutual Inv R6	(1990) ____%
Vanguard LifeStrat Growth Fd Inv	(2609) ____%	Vanguard 500 Index Fund Adm	(899) ____%
Vanguard LifeStrat Income Fd Inv	(2610) ____%	Large Cap Growth	
Vanguard LifeStrat Mod Grwth Fd Inv	(2618) ____%	JPMorgan Lrg Cp Growth Fnd R6	(3494) ____%
Voya Index Solution 2025 Portfolio Z	(6999) ____%	Small/Mid/Specialty	
Voya Index Solution 2030 Portfolio Z	(7005) ____%	ClrBrg Sm Cp Growth Fnd IS	(3497) ____%
Voya Index Solution 2035 Portfolio Z	(3205) ____%	Eaton Vance Atlanta Cap SMID-Cp F R6	(6724) ____%
Voya Index Solution 2040 Portfolio Z	(3206) ____%	Franklin Small Cap Value Fund R6	(6594) ____%
Voya Index Solution 2045 Portfolio Z	(3207) ____%	MFS Mid Cap Value Fund R6	(6912) ____%
Voya Index Solution 2050 Portfolio Z	(3208) ____%	Vanguard Mid-Cap Index Fund Adm	(756) ____%
Voya Index Solution 2055 Portfolio Z	(3209) ____%	Vanguard Small-Cap Index Fund Adm	(757) ____%
Voya Index Solution 2060 Portfolio Z	(3214) ____%	Global / International	
		American Funds New Perspective R6	(1899) ____%

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		Fund#
	American Funds New World R6	(3491) ____%
	DFA Intl Core Equity Port Inst	(2875) ____%
	Total	100%

All contributions should be made in whole percentages, totaling 100%. **Please initial any erasures, strikeouts or corrections.**

Rollover

Do you want to learn more about rolling over and consolidating your retirement investments? Contact a Customer Service Associate today by calling 1-800-584-6001.

Acknowledgements and Signature

Voya Financial reserves the right to cancel your access to the Managed Account Program at any time without prior notice. If I elect to participate in the plan's Managed Account Program, I hereby acknowledge that I have received and read the program terms and conditions and other Legal Information (Advisory Services Overview, Disclosure Statement, and Privacy Policy) and agree to be bound by the terms of the Advisory Services Agreement. I understand that the applicable fees will be deducted periodically from my account.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

One or more of these options may be offered through a custodial or trust arrangement and/or a group annuity or funding agreement issued by Voya Retirement Insurance and Annuity Company. For investment options offered through a funding agreement or group annuity contract, I understand that the current tax laws provide for deferral or taxation on earnings on account balances; and that, although the funding agreement or group annuity contract provides features and benefits that may be of value, it does not provide for any additional deferral of taxation beyond that provided by the Plan itself.

I have received, read and understood the Voya Financial participant information booklet, prospectuses and/or investment option summaries describing the investment options.

SIGN me up! Please sign and date below.

Participant Signature _____ **Date** _____

Please complete this form and return it to your Employer.