



ENROLLMENT FORM

Social Security Number

□□□-□□-□□□□

Plan Number:

30966

Plan Name: GoTechNow 401(k) Plan

Participant Information

Participant Name: _____

Last First Middle Initial

Participant Address: _____

Street

City State Zip

Date of Birth: _____ Date of Hire: _____

I want to: (Select one) Enroll Re-Enroll Waive my right to make pretax contributions at this time

Pretax Contribution Information

I elect to contribute each payroll period the following **whole percentage** of my eligible Compensation amount on a **PRETAX** basis: _____%

(The percentage indicated cannot exceed **85%** of your eligible Compensation unless you are age 50 or will turn age 50 during the current calendar year. For the calendar year, your total pretax contributions and any catch-up contributions and Roth 401(k) contributions for eligible participants cannot exceed the applicable dollar limit in effect under Federal law. Eligible Compensation under the Plan is limited to the applicable dollar limit in effect under Federal law for the Plan Year.)

Roth 401(k) Contribution Information

Please indicate the percentage you wish to defer as a Roth 401(k) contribution from your salary each payroll period. If you are or will be age 50 or older by the end of the calendar year, you are permitted to defer an additional amount in excess of the limits you would otherwise be subject to. Such catch-up contributions are subject to annual limits provided under Code Section 414(v). For additional information on catch-up contributions, please check with your Employer or Investment Professional.

I elect to contribute each payroll period the following **whole percentage** of my eligible Compensation _____%.

(Your election cannot exceed **85%** of your eligible Compensation for each payroll period in question. Eligible compensation under the plan is limited to the applicable dollar limit in effect under Federal law for the plan year. Your total Roth 401(k) and pretax contributions for the calendar year cannot exceed the applicable dollar limit in effect under Federal law for the Plan Year.)

Investment Elections

I choose to invest my Account as follows:

Indicate a whole percentage for each fund. The TOTAL of the percentages invested in all funds must equal 100%.

Permissible Investment Option	Name	Investment Option Number	Percentage
1	Fidelity Retirement Money Market Portfolio	0630	
2	Fidelity Intermediate Bond Fund	0032	
3	Fidelity Investment Grade Bond Fund	0026	
4	Fidelity Total Bond Fund	0820	
5	Fidelity Short-Term Bond Fund	0450	
6	Fidelity Puritan Fund	0004	
7	Fidelity Equity-Income Fund	0023	
8	Fidelity Equity-Income II Fund	0319	
9	Fidelity Large Cap Value Fund	0708	
10	Fidelity Value Fund	0039	
11	Fidelity Dividend Growth Fund	0330	
12	Fidelity Fund	0003	
13	Spartan® Total Market Index Fund	0397	
14	Fidelity Leveraged Company Stock Fund	0122	
15	Fidelity Value Discovery Fund	0832	
16	Fidelity Value Strategies Fund	0014	
17	Spartan® Extended Market Index Fund	0398	
18	Fidelity Small Cap Retirement Fund	0384	
19	Fidelity Small Cap Value Fund	1389	
20	Fidelity Blue Chip Growth Fund	0312	
21	Fidelity Capital Appreciation Fund	0307	
22	Fidelity Export and Multinational Fund	0332	
23	Fidelity Fifty®	0500	
24	Fidelity Large Cap Stock Fund	0338	
25	Fidelity OTC Portfolio	0093	
26	Fidelity Aggressive Growth Fund	0324	
27	Fidelity Mid Cap Growth Fund	0793	
28	Fidelity Small Cap Indep. Fund	0336	
29	Fidelity Aggressive International Fund	0335	
30	Fidelity International Discovery Fund	0305	
31	Fidelity Overseas Fund	0094	
32	Fidelity Real Estate Investment Portfolio	0303	
33	Fidelity Freedom Income Fund®	0369	
34	Fidelity Freedom 2000 Fund®	0370	
35	Fidelity Freedom 2010 Fund®	0371	
36	Fidelity Freedom 2020 Fund®	0372	
37	Fidelity Freedom 2030 Fund®	0373	
38	Fidelity Freedom 2040 Fund®	0718	
39	Fidelity Freedom 2005 Fund®	1312	
40	Fidelity Freedom 2015 Fund®	1313	
41	Fidelity Freedom 2025 Fund®	1314	
42	Fidelity Freedom 2035 Fund®	1315	
43	Fidelity Freedom 2045 Fund®	1617	
44	Fidelity Freedom 2050 Fund®	1618	

Total	100%
--------------	-------------

5VECMENRL01Z
5VECMENRL01Z

Note: Your investment elections will not apply to Plan assets received from a prior custodian/trustee until all Participant Account information has been received and reconciled by Fidelity.

Participant Signature

I understand that my contribution election will become effective on the first payroll period that my Employer can reasonably process it and that my election will continue in effect until I change or revoke it or terminate my employment. I hereby certify that the above Participant information is true, accurate and complete, and I authorize my Employer to reduce my eligible Compensation by the percentage(s) indicated above and to make a contribution to the Plan on my behalf. I understand that I have the right to obtain a prospectus for more information about the Plan's investment options by contacting Fidelity at 1-800-835-5097.

PARTICIPANT _____ **DATE** _____

Employer Authorization

The Plan Administrator must provide the information on this form in an acceptable media to Fidelity before any contributions can be made on behalf of this Participant.

Participation Date: _____ **Vesting Date:** _____ **Years of Service:** _____

Employee Number: _____ **Division:** _____

Only an authorized signer designated in the Plan's Service Agreement may sign below as the Plan Administrator.

As Plan Administrator I hereby acknowledge receipt of this form.

PLAN ADMINISTRATOR
PRINT NAME* _____

PLAN ADMINISTRATOR
SIGNATURE(must be an authorized signer)* _____ **DATE** _____

***Note:** The Plan Administrator should both print and sign his/her name in the spaces given.

Form Completion Checklist

Before submitting this form, please verify that you have included the following information:

- Participant's social security number
- Investment Elections (Whole percentages totaling 100%)
- Participant signature
- Plan Administrator signature