

KMP Companies, LLC 401(k) Plan

Step 1: Enter Your Information and Authorization

Name: _____ SSN: _____

Address: _____ Birth Date: _____ / _____ / _____

_____ Hire Date: _____ / _____ / _____

E-mail: _____ Phone (Text Capable): _____

US Citizen? (Yes or No): _____ Occupation: _____

If No, list other country(ies) of Citizenship: _____

Please check if you would like to receive paperless documents: _____ If not a US citizen, please provide a copy of your legal identification documentation

You must complete either Step 2a or 2b, and then Step 3.

Step 2a: Contribution Election

I DO WANT TO PARTICIPATE: I elect to contribute to the Plan according to my elections below. If I am not yet eligible, contributions will begin being deducted on the first payroll after the start date below and after I have met the Plan’s eligibility requirements. Amounts will be deducted from my pay and contributed to the plan as follows.

I understand that the sum of my Pre-Tax 401(k) and Roth 401(k) contributions may not exceed \$19,500 for the calendar year 2021, plus if I am age 50 by 12/31/2021 I am eligible to contribute an additional \$6,500. I also understand that the total of all contributions to the plan may not exceed 100% of eligible compensation. I am also aware that the amounts designated below may be reduced by the Plan Administrator to comply with IRS regulations.

<u>Election/Contribution Type</u>	<u>Applies To</u>	<u>Elections</u>	<u>Effective/Start Date</u>
Pre-Tax 401(k)	Each Pay Period	_____ % (1% to 100%) or \$ _____	_____
Roth 401(k)	Each Pay Period	_____ % (1% to 100%) or \$ _____	_____

Step 2b: Non Participation/Suspension

_____ **I DO NOT WANT TO PARTICIPATE:** I do not wish to contribute to the Plan at this time. I understand that I may
Initial Here reconsider my decision at a future date.

Step 3: Your Authorization

I hereby authorize deductions from my pay for any contributions required by my elections. I confirm the above elections and understand the terms of the Plan (as stated in the Summary Plan Description that I have received). I understand that I may reconsider my decision at any future date.

Your Signature _____ Date _____

DISCLOSURE STATEMENT: You must notify your Plan Administrator within 15 days of receipt of your quarterly statement in which this transaction has occurred, if during that period there is an error in your directive change indicated above. Your Employer and R|W Investment Management will not be liable for any loss to your account, if not contacted within the 15-day period stated above.

Please return completed forms to your Plan Administrator

Plan Administrator Approval Signature

Plan Administrator Approval Date

Step 1: Enter Your Information

Name: _____ SSN: _____

Step 2: Choose Your Investment Strategy Based on Risk Tolerance (for all future deposits)

Select a *single* option from the list below by placing a check mark (✓) in the box next to the selection of your choice. Once you've made your selection, go straight to Step 4.

- Aggressive Growth (100/0) Moderately Conservative Growth (40/60)
- Moderately Aggressive Growth (80/20)
- Moderate Growth (60/40)

Step 3: Authorizations:

1. I have authorized my Investment Advisor (IA) to take the following actions, and I instruct Schwab to permit my IA: (1) to place trades in my account as provided under the Trading Authorization heading in the Account Application Agreement; (2) to remit checks to me at my address of record; and (3) to journal cash and/or securities to a Schwab brokerage account on which I am named account holder (known as first-party transfer).

This disbursement authorizations does not apply to wire disbursements; Schwab MoneyLink distributions; or direct, ongoing electronic payments dividends, interest, and money market income, which use separate forms.

2. I have authorized my IA, and I instruct Schwab to permit my IA, to place trades in my account as provided under the Trading Authorization heading in the Account Application Agreement.
3. I authorize my IA, and instruct Schwab to permit my IA, to pay investment advisory and related fees to IA from my account. I understand that my IA will not vote proxies on my behalf.

Step 4: Signature

By my signature below, I authorize the elections made above. I also understand that if I do not provide Investment Elections, my future deposits will be invested in the Moderate Portfolio.

Your Signature _____ Date _____

Please return original completed forms to your Plan Administrator

KMP Companies, LLC 401(k) Plan

Step 1: Enter Your Information and Authorization

Name: _____

SSN: _____

Marital Status: (check one)

Is there a Domestic Relations Order Pending?

Married / Single / Separated

(check one:) Yes / No

Step 2: Enter Your Acknowledgements/Authorizations

By my signature below:

- I understand that I have the right to change or revoke the primary beneficiary designation with the approval of my spouse (if married) subject to receipt by the Plan Administrator of my written designation prior to my death.
- I understand that I may change or revoke my contingent beneficiary designation at any time subject to receipt by the Plan Administrator.
- I understand that if I am married, I must designate my spouse as my only primary beneficiary unless my spouse consents in writing in Step 4. If I am single and marry at a later date, I understand that my spouse will automatically become my only primary beneficiary. I understand that if I do not want my spouse to be my only primary beneficiary, I and my spouse may designate a different primary beneficiary.
- I hereby authorize the Plan Administrator to provide for payment of any Death Benefits as directed by the Plan if my primary and contingent beneficiaries fail to survive me.
- I understand that my Beneficiary Designation shall become effective without further notice upon receipt by the Plan Administrator and is made subject to all of the terms and conditions of the Plan.
- I hereby revoke any prior designation and do hereby direct that, upon my death, any benefit payable with respect to my account under the Plan shall be paid to the **primary beneficiary** named in Step 3. If I should die and no primary beneficiary is alive to receive any benefit payable from the Plan, I hereby direct that such benefit shall be paid to the **contingent beneficiary** named in Step 3.
- I understand that it is my responsibility to complete this form and that I cannot rely on my will, prenuptial agreement, separation agreement, property settlement agreement or court order to specify who will inherit my account, because the Plan does not use any of these documents to distribute death benefits.
- I understand that it is important to review how I have designated my Beneficiary Designation periodically – particularly when my life situation changes (e.g., by marriage, divorce, the birth or adoption of a child, or the death of a beneficiary).
- I understand that if I do not designate a beneficiary before the date of my death, my entire account will be distributed according to the terms of the Plan.
- I understand that if my children are my beneficiaries, and they are minors: (1) the Plan generally will not transfer money directly to a minor and a court will have to appoint a trustee or guardian to receive the money; and (2) I should consider choosing a trustee (person or institution) now, and naming my children's trust as my beneficiary.
- I understand that I should consult with a tax advisor before naming a trust as a beneficiary, to be sure that the selection is appropriate and within the IRS Guidelines.
- I understand that all death benefit payments will be disbursed proportionally from all accounts in the plan and that any outstanding plan loans (if applicable) at the time of my death will become taxable income to my estate and not to my beneficiary.

Participant Signature _____

Date _____

Step 3: Designate Your Beneficiary(ies)

By my signature below, I hereby designate the following beneficiary(ies) for my Plan benefits:

a: Primary Beneficiary(ies)

Name(s) and Contact Information	Relationship	Birth Date	Social Security Number	Share (Must total 100%)

b: Contingent Beneficiary(ies)

Name(s) and Contact Information	Relationship	Birth Date	Social Security Number	Share (Must total 100%)

(Attach additional sheets of paper if more space is required. Each category must total 100%.)

Participant Name _____

SSN _____

Participant Signature _____

Date _____

Step 4: Spousal Consent (Only required if married/separated, and spouse is not sole primary beneficiary**)**

I hereby acknowledge that my spouse has designated a Primary Beneficiary in place of me. I understand that by consenting to this designation, I am foregoing both present and future rights to these benefits if my spouse dies. I further understand my consent is irrevocable unless my spouse revokes the Primary Beneficiary designation on this form. By my signature below, I approve the designation made.

NOTARIZATION OF SPOUSE'S SIGNATURE:

STATE OF _____)

Spouse's Signature

COUNTY OF _____)

On this _____ day of _____, 20_____, before me, the undersigned Notary Public, personally appeared known to me to be the person whose signature is subscribed as the spouse to the foregoing Beneficiary Election document, who acknowledged that he/she executed the same for the purposes herein contained.

WITNESS my hand and official seal.

Notary Public

My Commission Expires: _____

Please return completed forms to your Plan Administrator

Plan Administrator Approval Signature

Plan Administrator Approval Date

Note: Be certain to fill out and return both pages, as the entire form must be completed.