

ENROLLMENT AND INVESTMENT ELECTION FORM

AGILIFY 401(K) PLAN

Your Information

Effective Date:	<input type="checkbox"/> Original Election	<input type="checkbox"/> Updated Election
Participant	SSN:	Birth Date:
Street Address:	Mobile Number:	
City, State, Zip:	Phone Number:	
Email Address:	Employment Date:	
Company/WorkSite Employer:		

YOUR CONTRIBUTIONS

It's easy to get started! Enroll in your company's retirement plan by specifying the amount you would like to contribute in the boxes below. The total amount you can contribute in 2021 may not exceed \$19,500.00 (an additional \$6,500.00 may be contributed if you are over 50 years old and are eligible for catch-up contributions). If you are a Key or Highly Compensated Employee, federal regulations may limit your contributions further.

☐ **I Elect to Participate in the Salary Deferral and/or Roth 401(k) option of the Plan**

- ☐ **Regular 401(k) Deferral Elections - I elect to defer** ☐ 10% ☐ 8% ☐ 6% ☐ 4% ☐ 2% ☐ _____% or \$ _____ per pay period
- ☐ **Roth 401(k) Deferral Election - I elect to contribute** ☐ 10% ☐ 8% ☐ 6% ☐ 4% ☐ 2% ☐ _____% or \$ _____ per pay period

I understand the amount of deferrals I have elected in this Roth 401(k) Deferral election section will NOT reduce my current compensation and will be included in my income for the taxable year of the deferral.

☐ **Election Not to Participate in the 401(k) Deferral options of the Plan.**

I hereby elect not to participate in the 401(k) Deferral options of the Plan. I understand the Plan Provisions governing my future eligibility under the plan.

I understand I am eligible to participate in the Plan and acknowledge that I have received a Summary of the Plan Provisions. A copy of the Plan document is on file in the Company's business office and is available to me during normal business hours for review and copying at my expense. I understand the Plan provisions governing my future eligibility under the plan.

YOUR INVESTMENTS

Your contributions will be invested in the Plan's Qualified Default Investment Alternative (QDIA) unless you select your own investment elections by going online at www.rsgweb.com, or by selecting investment options on this form. For more information about the Plan's QDIA, please contact your Employer.

YOUR SIGNATURE

I understand any change of election regarding the amount of deferrals, is effective only for deferrals from my pay only after the Plan Administrator accepts my change of election. I understand I have a duty to review my pay records (pay stubs, etc.) to confirm the employer has implemented my salary reduction election as per this agreement. Also, I have a duty to inform the plan administrator if I discover any discrepancy between my pay records and this salary reduction agreement. I understand that my failure to report any discrepancy may result in a loss of or reduction in my ability to defer.

Signature	Printed Name	Date
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**RETIREMENT
STRATEGIES GROUP**

800 West Commerce Road, Suite 105
New Orleans, LA 70123

Phone: 504.712.0005
Fax: 504.712.0004

RSGweb.com

YOUR INVESTMENT ELECTIONS

Complete this section only if you wish to affirmatively elect your own investment elections. If you do not make a selection, your contributions will be invested in the Plan's Qualified Default Investment Alternative as explained in the Plan's QDIA Notice.

Section A - Fund Selections

ASSET CLASS	INVESTMENT OPTION NAME	TICKER	PERCENT
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The following are Target Date Funds. These investments are based on your estimated retirement date.

US Fund Target-Date 2020	TIAA-CREF Lifecycle Index 2020 Inst	TLWIX	_____ %
US Fund Target-Date 2025	TIAA-CREF Lifecycle Index 2025 Inst	TLQIX	_____ %
US Fund Target-Date 2030	TIAA-CREF Lifecycle Index 2030 Inst	TLHIX	_____ %
US Fund Target-Date 2035	TIAA-CREF Lifecycle Index 2035 Inst	TLYIX	_____ %
US Fund Target-Date 2040	TIAA-CREF Lifecycle Index 2040 Inst	TLZIX	_____ %
US Fund Target-Date 2045	TIAA-CREF Lifecycle Index 2045 Inst	TLXIX	_____ %
US Fund Target-Date 2050	TIAA-CREF Lifecycle Index 2050 Inst	TLLIX	_____ %
US Fund Target-Date 2055	TIAA-CREF Lifecycle Index 2055 Inst	TTIIX	_____ %
US Fund Target-Date 2060+	TIAA-CREF Lifecycle Index 2060 Inst	TVIIX	_____ %

The following are other Funds you may select available to your plan.

US Fund Money Market - Taxable	American Funds U.S. Government MMarket	RAFXX	_____ %
US Fund Inflation-Protected Bond	DFA Inflation-Protected Securities	DIPSX	_____ %
US Fund High Yield Bond	AB High Income	AGDZX	_____ %
US Fund World Bond	PGIM Global Total Return R6	PGTQX	_____ %
US Fund Large Value	Invesco Diversified Dividend R6	LCEFX	_____ %
US Fund Large Growth	AB Large Cap Growth	APGZX	_____ %
US Fund Mid-Cap Value	MFS Mid Cap Value	MVCKX	_____ %
US Fund Mid-Cap Growth	BlackRock Mid-Cap Growth Equity K	BMGKX	_____ %
US Fund Small Value	Janus Henderson Small Cap Value I	JSCOX	_____ %
US Fund Small Growth	Janus Henderson Triton I	JSMGX	_____ %
US Fund World Large Stock	BlackRock Global Dividend K	BKBDX	_____ %
US Fund Foreign Large Growth	Invesco Oppenheimer Intl Diversified R6	OIDIX	_____ %
US Fund Diversified Emerging Mkts	Delaware Emerging Markets Instl	DEMIX	_____ %

****The amounts listed should equal 100%

TOTAL _____ %***

Signature _____

Printed Name _____

Date _____



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BENEFICIARY DESIGNATION FORM

AGILIFY 401(K) PLAN

YOUR INFORMATION

Please type or print clearly

Last Name

First Name

M.I.

Social Security Number (SSN)

If this beneficiary designation form is not completed, either a prior designation or the plan document will govern the distribution of any death benefit. No individual named as Beneficiary shall be entitled to receive payment unless such individual shall survive the Participant. Except as otherwise expressly provided in this designation, if no Beneficiary shall survive the Participant, the death benefits payable shall be payable per the Plan document.

I hereby direct that any and all death benefits payable under the terms of the Plan be payable to the following Beneficiaries in accordance with the following provisions. Any and all previous Beneficiary Designations are hereby revoked.

BENEFICIARY #1

Name	Date of Birth	Relationship	SSN	Percent
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Primary #1

If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).

Secondary

Secondary

BENEFICIARY #2

Name	Date of Birth	Relationship	SSN	Percent
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Primary #2

If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).

Secondary

Secondary

BENEFICIARY #3

Name	Date of Birth	Relationship	SSN	Percent
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Primary #3

If this primary beneficiary does not survive me, upon my death the proceeds that would otherwise have gone to the primary beneficiary should go to the following secondary beneficiary(ies).

Secondary

Secondary



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CONSENT

If you are currently married and have named any primary beneficiary other than your spouse, the following consent must be signed by your spouse and witnessed by a plan representative or a notary public. If your marital status changes, that may automatically change your beneficiary designation under the terms of the Plan and you should file a new beneficiary designation form.

I consent to the beneficiary designation above: _____
Signature of Participant's Spouse Date

This instrument was signed before me on _____ , _____
Date Plan Representative or Notary Public

SIGNATURE

I understand that the beneficiary designation will remain in force until I request a change in accordance with the provisions of the Plan.

Employee Signature _____ Printed Name _____ Date _____

***** (Plan Sponsor: Keep this completed form in employee's personnel file.)



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