Altman Plants Safe Harbor 401k Plan

NEW ACCOUNT FORM

New Account / Custom Allocation: This form is to establish your account and specify initial investment allocation percentages for your account. This designation of investment elections shall remain in effect until changed by you in writing or through the web site or voice response system. Please note that this 'New Account Form' does not initiate movement of any deposits received into your account prior to receipt and processing of this form. It will establish allocations only for future deposits to your account.

Important Note: If no investment direction is received or if contributions or transfer balances are received prior to receipt and processing of your 'New Account Form', such deposits will be invested in the plan's "Default" fund. You may redirect the investment of such deposits via the web site, voice response system, or submission of a paper 'Investment Direction Form.'

Facsimiles are not accepted

CUSTOM ALLOCATION

(Please enter whole percentages that add to 100%)

%	(FF2028)	ABN-AMRO		%	(FF1887)	FMT/Pimco Total Return
%	(FF1955)	FMT/Vanguard GNMA		%	(FF1927)	FMT/Dodge & Cox Balanced
%	(FF4674)	FMT/American Funds Growth Fund of America R4		%	(FF1943)	FMT/Dodge & Cox Stock
%	(FF1915)	FMT/Vanguard 500 Index Trust Fund		%	(FF3243)	NWQ Large Cap Value
%	(FF2991)	FMT/Meridian Growth		%	(FF1957)	FMT/Neuberger Berman Gensis Trust
%	(FF1960)	FMT/Royce Micro-Cap Inv		%	(FF2040)	Brandes
%	(FF1968)	FMT/Artisan International		%	(FF1914)	FMT/Longleaf Partners Fund
%	(FF2036)	FMT/Technology & Biotechnology ETF Fund				
FOR 4014 A GGOVING ONLY						
FOR 401(k) ACCOUNTS ONLY: Please defer \$ or % of my salary per pay period into my 401(k) retirement savings account (up to a maximum permissible by current IRS						
regulations or the limits set by the plan document). I understand that I can change my deferral percentages and investment elections as allowed by the						
plan document. I understand that entering a deferral amount of "0" indicates that I decline to participate at this time.						
Employer Number: HM6						
Participant Name	(Print):					
Social Security #: Date of Birth:						
Address:		City:		State:	Zip:	

NAF1104 NewAccount.rpt

Date: __

Participant's Signature: ___