



All States Asphalt, Inc. 401(k) Plan and Trust Participant Change Form

Please print all information.

Change of: [] Name [] Salary Deferral [] Beneficiary

Section A: General Information

Name of Employer All States Asphalt, Inc. 401(k) Plan and Trust	SBGI Number 22723-001	Social Security Number
Participant Name (Last Name, First Name, Initial)	Email Address	

Salary deferral and beneficiary designation information below are solely for the benefit of the Plan Administrator / Employer. This information shall not be maintained or acted upon by Sentinel Benefits. Please report any change to this information directly to the Plan Administrator at your company.

Section B: Salary Deferral (please check one)

- I elect to defer _____ % or \$ _____ from my salary/wages per paycheck (not to exceed current Plan and/or IRS limitations). This agreement remains in effect until I revoke or modify this agreement in writing. I give my employer permission to cease these deferral contributions if these deferrals would cause the plan to fail any IRS requirements. I understand that Social Security Taxes will be paid on these contributions from my remaining compensation.
- I elect not to defer at this time (skip to Section D).

Section C: Beneficiary Designation (please check one)

- Married Participant**
I understand that I must elect my spouse as Primary Beneficiary under this Plan unless he/she consents in writing to my naming another Primary Beneficiary. (Please see your Plan Administrator for a Spousal Consent form if naming a Primary Beneficiary other than your spouse.)
- Unmarried Participant**
I understand that the following designation becomes null and void in the event of my marriage. I will promptly inform my Plan Administrator of any change in my marital status.

Primary Beneficiary

Name (Last Name, First Name, Initial)	Social Security Number	Date of Birth (Mo., Day, Yr.)	Relationship to Participant	% Share
Address	City	State	Zip Code	

Primary or Contingent Beneficiary

Name (Last Name, First Name, Initial)	Social Security Number	Date of Birth (Mo., Day, Yr.)	Relationship to Participant	% Share
Address	City	State	Zip Code	

Contingent Beneficiary

Name (Last Name, First Name, Initial)	Social Security Number	Date of Birth (Mo., Day, Yr.)	Relationship to Participant	% Share
Address	City	State	Zip Code	

Contingent Beneficiary

Name (Last Name, First Name, Initial)	Social Security Number	Date of Birth (Mo., Day, Yr.)	Relationship to Participant	% Share
Address	City	State	Zip Code	

Section D: Signature

Participant: _____

Date: _____