

Please complete all sections below. If you have any questions concerning your eligibility, please contact your Plan Administrator. Please print all information.

General Information			
NAME OF EMPLOYER All States Construction, Inc.		SBGI NUMBER 22723-001	
PARTICIPANT NAME		DATE OF BIRTH	DATE OF HIRE
STREET ADDRESS		CITY	STATE ZIP
E-MAIL ADDRESS		TELEPHONE NUMBER	
PLAN NAME All States Asphalt, Inc. 401(k) Plan and Trust			

Your Salary Deferral and Beneficiary Designation below are solely for the benefit of the Plan Administrator/Employer. This information shall not be maintained or acted upon by Sentinel Benefits & Financial Group. Please report any change to this information directly to the Plan Administrator at your company.

Salary Deferral (please check one)	
<input type="checkbox"/> Regular Contributions I elect to defer _____ (\$/%) from my salary/wages per paycheck (not to exceed current plan and/or IRS limitations). <input type="checkbox"/> Catch-Up Contributions I elect to defer _____ (\$/%) from my salary/wages per paycheck (not to exceed current plan and/or IRS limitations). I understand that I must have attained age 50 by the end of this calendar year in order to make this election.	<input type="checkbox"/> Roth Contributions I elect to defer _____ (\$/%) from my salary/wages per paycheck (not to exceed current plan and/or IRS limitations). <input type="checkbox"/> Roth Catch-Up Contributions I elect to defer _____ (\$/%) from my salary/wages per paycheck (not to exceed current plan and/or IRS limitations). I understand that I must have attained age 50 by the end of this calendar year in order to make this election.
<input type="checkbox"/> I elect not to defer at this time. <input type="checkbox"/> I elect not to defer at this time, but would like to invest my rollover contributions. <input type="checkbox"/> I am not eligible to defer at this time, but would like to invest my rollover contributions.	<i>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>

Beneficiary Designation (please check one)			
<input type="checkbox"/> Married Participant I understand that my spouse will generally be entitled to 100% of my account balance upon my death unless the spousal consent section below is complete. Beneficiaries other than my spouse will generally be ignored unless the consent below is complete.		<input type="checkbox"/> 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	RELATIONSHIP TO PARTICIPANT	% SHARE
STREET ADDRESS	CITY	STATE	ZIP
<input type="checkbox"/> Primary Beneficiary		<input type="checkbox"/> Contingent Beneficiary	
NAME (LAST NAME, FIRST NAME, INITIAL)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO PARTICIPANT	% SHARE
STREET ADDRESS	CITY	STATE	ZIP
<input type="checkbox"/> Primary Beneficiary		<input type="checkbox"/> Contingent Beneficiary	
NAME (LAST NAME, FIRST NAME, INITIAL)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO PARTICIPANT	% SHARE
STREET ADDRESS	CITY	STATE	ZIP
<input type="checkbox"/> Primary Beneficiary		<input type="checkbox"/> Contingent Beneficiary	
NAME (LAST NAME, FIRST NAME, INITIAL)	SOCIAL SECURITY NUMBER	RELATIONSHIP TO PARTICIPANT	% SHARE
STREET ADDRESS	CITY	STATE	ZIP

Spousal Consent

I consent to the beneficiary designation made by my spouse*. I understand that by signing this consent, I am giving up my rights to benefits under this plan, that the designation is not valid unless I consent to it, and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

SPOUSE SIGNATURE _____ **DATE** _____

* Spouse as defined by IRC Section 152

State/Commonwealth of _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which was/were _____, to be the person whose name is signed on the preceding or attached document in my presence.

Notary Public: _____ Commission Expires: _____

Signature

PARTICIPANT _____ **DATE** _____