

## Applied Mechanical Systems, Inc. 401(k) Profit Sharing Plan Salary Reduction Agreement

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Participant

Name: \_\_\_\_\_

(print name)

Last 4 of

SSN: \_\_\_\_\_

The Plan contribution limits are available thru your account access at [www.dynamicpension.com](http://www.dynamicpension.com). Hover over the "DPS Easy Choice" menu in the upper right-hand corner. Select "Strategic Partners" and then click on "My Pension (TWG)". Log in and check the "Important Messages" section in the upper right-hand corner of your home screen.

*(choose at least one below)*

- I elect to have \$\_\_\_\_\_ or \_\_\_\_\_% deducted from each paycheck (Pre-tax 401k) **AND/OR**
- I elect to have \$\_\_\_\_\_ or \_\_\_\_\_% deducted from each paycheck (After-tax Roth 401k)
- I elect to "opt out" of participating in the Plan
- In addition, I further elect to not have my employee salary deferral contribution annually increased by 1% each January 1 until my employee salary deferral contribution rate reaches 10%.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

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**Please note the following:**

1. Initial setup and changes to your Investment Elections and/or Account Balances must be made using the Voice Response Unit (VRU) or the Internet.
2. If you do not make an Investment Election, you will be invested in the default investment listed below.

**Plan Default Investment:**

**"AMS Age Appropriate Moderate Risk  
Target Date Model at age 65"**

I understand I have a duty to review my pay records, trade confirmations and quarterly statements for discrepancies or errors to confirm the Plan Administrator has properly implemented my contribution election(s). Furthermore, I have a duty to inform the Plan Administrator in writing if I discover any discrepancy between those records and the election(s) I have made on this Form. Errors must be communicated within 90 calendar days of the last Plan quarter end. After 90 days, account information shall be deemed accurate and acceptable to me.

# Beneficiary Designation/Change Form

<b>Plan Name:</b>	
<b>Participant Name:</b>	<b>SSN:</b>
<b>Date of Birth:</b>	<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single or Legally Separated

## I. Designation of Beneficiary

Pursuant to the designation of a Beneficiary or Beneficiaries by a Plan Participant, I hereby designate the following as primary and contingent Beneficiaries of my Accumulated Benefits which will be paid by reason of my death under the provisions of the Plan. The Trustee shall pay all Accumulated Benefits under the Plan by reason of death to the primary Beneficiary(ies), and if no primary Beneficiary(ies) shall survive, then to the contingent Beneficiary(ies), and if no contingent Beneficiary(ies), survive(s), or are designated, then to the surviving spouse (if any) or to the estate of the Participant. If more than one Beneficiary is designated, such Beneficiaries share equally unless otherwise specified. The Trustee shall make payment in accordance with the most recent Beneficiary Designation/Change Form, which is on file with the Plan Sponsor.

Primary Beneficiary: <span style="font-size: small; color: yellow;">(Note: Percentage must be equal 100.)</span>			Additional Primary Beneficiary:		
Name	Relationship		Name	Relationship	
SSN	Date of Birth	% Share	SSN	Date of Birth	% Share
Address			Address		
City	State	Zip Code	City	State	Zip Code
Contingent Beneficiary:			Additional Contingent Beneficiary:		
Name	Relationship		Name	Relationship	
SSN	Date of Birth	% Share	SSN	Date of Birth	% Share
Address			Address		
City	State	Zip Code	City	State	Zip Code

If the primary Beneficiary of the Participant is a person other than the Participant's spouse, or if more than one primary Beneficiary is named, the spouse must indicate consent by completing Section II.

## II. Spouse's Consent

I hereby consent to the foregoing Beneficiary Designation of my spouse. Furthermore, I acknowledge that I understand that (1) the effect of my consent to this designation may be to forfeit benefits I would be entitled to receive upon my spouse's death; (2) my spouse's designations are not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the above Beneficiary Designation.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Witnessed by Notary Public or Authorized Plan Representative

\_\_\_\_\_  
Spouse's Signature

## III. Participant Signature and Date

(Your signature must be witnessed. Your witness may be your spouse or any other person).

I reserve the right to revoke or change any beneficiary designation in the future. I hereby revoke all my previous designations (if any) of primary and contingent beneficiaries. **(Note: If you are married, see the above section for spousal consent requirements.)**

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

*Please make copies of form if needed*