



Enrollment Form Clearwater Solutions, LLC 401(k) Profit Sharing Plan & Trust

Participant Information

| | | |
|---|--|---|
| Participant Name (First, MI, Last) | Social Security Number | Birth Date |
| Address (Number, Street, Apt No.), City, State, Zip | | Home Phone |
| E-mail | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Marital Status (Married, Single, Divorced, Widowed) |
| Hire Date | Work Phone | |

Enrollment Election (changes allowed January 1 and July 1)

- I elect to have none of my salary deferred into the plan at this time.
- I elect the following **Pre-tax Salary Deferral**: _____% or \$_____ per pay period. (\$18,000 is the maximum amount for calendar year 2017)
- I elect the following **Catch-up Salary Deferral**: _____% or \$_____ per pay period. (\$6,000 is the maximum additional amount for calendar year 2017 for age 50+)

Investment Elections

Elections made on this Investment Form will be used to reallocate a participant's current account balance as well as set future contributions. This form provides the option of selecting a pre-designed investment portfolio or selecting single investments.

Investment Portfolios

Select one pre-designed investment portfolio **OR** complete the Single Investments section below.

- Highly Aggressive Portfolio (100% Equities)
- Aggressive Portfolio (80% Equities/20% Fixed Income)
- Moderate Portfolio (60% Equities/40% Fixed Income)
- Conservative Portfolio (40% Equities/60% Fixed Income)
- Risk Averse Portfolio (20% Equities/80% Fixed Income)

Single Investments

To create a custom investment portfolio, enter the desired allocation percentages for each fund in the space provided. Investment elections must equal 100%.

| | |
|---|--|
| _____% Vanguard 500 Index Fund | _____% DFA International Small Company |
| _____% DFA U.S. Large Cap Value III | _____% DFA International Small Value |
| _____% DFA U.S. Targeted Value | _____% DFA Emerging Markets Core |
| _____% DFA U.S. Small Cap | _____% DFA Five-Year Global |
| _____% Vanguard REIT Index Fund | _____% DFA Inflation-Protected Securities |
| _____% DFA International Value III | _____% Vanguard Short-Term Inflation Protected |
| _____% TD Bank Institutional MMDA | |
| _____% DFA International Real Estate Securities | _____% TOTAL (election percentages must equal 100%) |



Participants who do not provide investment elections will be defaulted into the appropriate **Age Weighted Portfolio**. For account access and to make changes to investment elections visit www.newportgroup.com or call Client Services at (888) 886-8256, Monday-Friday, 7:30am-5:30pm Pacific Time.

Authorization

I, the undersigned, acknowledge and consent to the enrollment elections indicated above and understand the risks of investing.

Participant Signature _____

Date _____

Investment Portfolios*

Investment portfolios are designed to help participants diversify investments across key asset categories. These portfolios can help balance risk while seeking to provide competitive returns. They also offer participants a convenient way to manage their retirement account by simply selecting one portfolio as an investment. The portfolios are designed based on risk tolerance and follow that naming convention (i.e. Highly Aggressive Portfolio being the most aggressive investment option; and the Risk Averse Portfolio being the most conservative).

| Ticker | Fund Name | Highly Aggressive Portfolio | Aggressive Portfolio (Participants Under Age 40) | Moderate Portfolio (Participants between Age 40 and 55) | Conservative Portfolio (Participants Over Age 55) | Risk Averse Portfolio |
|------------------------------|--|-----------------------------|--|---|---|-----------------------|
| | | Percent | Percent | Percent | Percent | Percent |
| VFIAX | Vanguard 500 Index | 12% | 10% | 7% | 5% | 2% |
| DFUVX | DFA U.S. Large Cap Value III | 17% | 13% | 10% | 6% | 3% |
| DFFVX | DFA U.S. Targeted Value | 20% | 16% | 12% | 8% | 5% |
| DFSTX | DFA U.S. Small Cap | 8% | 7% | 5% | 3% | 0% |
| VGSLX | Vanguard REIT Index | 3% | 2% | 2% | 2% | 2% |
| DFITX | DFA International Real Estate Securities | 2% | 2% | 1% | 1% | 1% |
| DFVIX | DFA International Value III | 15% | 11% | 9% | 6% | 3% |
| DFISX | DFA International Small Company | 5% | 3% | 3% | 2% | 0% |
| DISVX | DFA International Small Value | 9% | 8% | 5% | 3% | 2% |
| DFCEX | DFA Emerging Markets Core | 9% | 8% | 6% | 4% | 2% |
| DFGBX | DFA Five-Year Global | 0% | 10% | 20% | 30% | 40% |
| DIPSX | DFA Inflation-Protected Securities | 0% | 10% | 20% | 15% | 0% |
| VTAPX | Vanguard Short Term Inflation Protected | 0% | 0% | 0% | 15% | 40% |
| Total Allocation Percentage: | | 100% | 100% | 100% | 100% | 100% |

*There is no guarantee investing in any portfolio will provide adequate income at or through retirement. Investment portfolios are subject to market volatility and risks associated with the underlying investments. Risks include exposure to international and emerging markets, small company and sector equity securities, and fixed income securities subject to changes in inflation, market valuations, liquidity, prepayments, and early redemption.



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DESIGNATION OF BENEFICIARY FORM

Division (if applicable): _____

Name of Employee (First, Middle, Last) _____

Social Security Number _____

Address _____

Date of Birth _____

City, State, ZIP Code _____

Date of Hire _____

PARTICIPANT'S CERTIFICATION

I hereby certify that I am a participant in the above-named plan. The details of said plan have been made available to me, and I hereby acknowledge receipt of the Summary Plan Description. I agree to abide by all of the rules and regulations set forth in the plan, and, with respect to any amount payable under the plan by reason of my death, certify that I am MARRIED* UNMARRIED**

Initial Designation Change in Designation

* As certified by my signature below, I understand that, as a married Participant in the plan, any amount payable under the plan by reason of my death must be paid to my surviving spouse unless I choose another beneficiary, and my spouse consents in writing to that choice (see below). I further understand that, in the event of a divorce, I must complete and sign a new beneficiary form.

** As certified by my signature below, I understand that, as an unmarried plan participant, I am designating the person (s) or entity named below and the beneficiary of my death benefit. However, I understand that if I hereafter marry, this designation will be revoked, and I must immediately inform the administrator of the change in my marital status.

I hereby designate the following to be beneficiary(ies), such designation(s) to supersede any prior designation(s):

Primary Beneficiary (ies): Spouse Only OR Other as Designated Below

Table with 4 columns: Beneficiary 1, Beneficiary 2, Beneficiary 3. Rows include Name, Address, Social Security #, Relationship, Date of Birth.

If I am not survived by any of the Primary Beneficiary(ies), then the following shall be my Secondary Beneficiary (ies):

Table with 4 columns: Beneficiary 1, Beneficiary 2, Beneficiary 3. Rows include Name, Address, Social Security #, Relationship, Date of Birth.

I understand that where I have designated more than one beneficiary, unless I have specified otherwise, the Primary Beneficiary(ies) or the Secondary Beneficiary(ies) who survive me shall share equally in any payment(s) from the plan. I also understand that I have the right to change a beneficiary without the consent of the beneficiary. I further understand that if I am married, and I designate someone other than my spouse as my sole beneficiary, or in addition to my spouse, then my spouse must sign and date the following Spousal Consent section in the presence of a Notary Public or Plan Representative.

Participant's Signature _____

Date _____

SPOUSAL CONSENT

I, _____, understand that I am not the sole beneficiary. I recognize that I may not receive any benefits under this plan. I further understand that once I sign this Spousal Consent, I may not revoke it.

Spouse's Signature _____

Date _____

(Notary Seal) Sworn to before me this _____ day of _____, 20_____.

Signature of Notary Public or Plan Representative _____

