

**Paycheck Contribution Election  
401(k) Plan**

Use black or blue ink when completing this form. For questions regarding this form, contact Service Provider at 1-800-338-4015.

<b>335065-01 Fairway Chevrolet Company 401(k) Retirement Plan</b>			
<b>A Participant Information</b>			
Social Security Number		Account Extension <small>Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.</small>	
Last Name	First Name	M.I.	Date of Birth ( / / )
Street Address		Personal Phone Number ( )	
City	State	Zip Code	Work Phone Number ( )
Email Address		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried	
<b>B Payroll Election(s)</b>			
<b>Paycheck Contribution Election (Payroll Deductions)</b>			
Select One: <input type="checkbox"/> Start <input type="checkbox"/> Restart <input type="checkbox"/> Change <input type="checkbox"/> Stop			
I elect to contribute to the Plan the following percentage(s) of my eligible compensation indicated below (per pay period):			
<input type="checkbox"/> Before-Tax Contributions	0	%	(1% - 90%)
<input type="checkbox"/> After-Tax Contributions		%	(1% - 90%)
Payroll Effective Date (mm/dd/yyyy) / /		Date of Hire (mm/dd/yyyy) / /	
The total annual before-tax contributions cannot exceed \$17,500.00 of my eligible compensation in the 2013 tax year.			
<b>Age 50 Catch-Up Election</b>			
I elect to contribute to the Plan additional Age 50 Catch-Up percentage(s) of my eligible compensation as indicated below (per pay period):			
<input type="checkbox"/> Before-Tax Contributions		%	
Payroll Effective Date (mm/dd/yyyy) / /			
The total before-tax Age 50 Catch-Up amount cannot exceed \$5,500.00 of my eligible compensation in the 2013 tax year. I must be age 50 or older during this calendar year and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan. If I stop my deferrals and/or do not defer the maximum amount during this calendar year, the Age 50 Catch-Up amount I have elected to contribute will not be considered a Catch-Up deferral. The Catch-Up contributions will be allocated in the same manner as my regular contributions.			
<input type="checkbox"/> I elect to cancel my Catch-Up contribution election.			
<b>C Signatures and Consent</b>			
<b>Participant Consent</b>			
My signature acknowledges that I have read, understand and agree to all pages of this form and affirms that all information that I have provided is true and correct. I also understand that:			
<ul style="list-style-type: none"> <li>• Until cancelled, superseded or I cease to be an eligible employee, all election(s) shall apply to all eligible compensation allowed by the Plan paid from the effective date specified unless a different effective date is required under the terms of the Plan and cancels all previous elections.</li> <li>• If I am increasing or decreasing my payroll deductions, all existing future deferrals will be cancelled.</li> <li>• If I am stopping payroll deductions, all existing deferrals will be cancelled.</li> <li>• I may change the percentage of compensation contributed as allowed under the terms of the Plan.</li> <li>• It is my responsibility to comply with any Internal Revenue Code deferral limits and that I may be responsible for any costs, including taxes and penalties that I may incur as a result of excess contributions.</li> <li>• My Plan Administrator/Trustee may take any action that may be necessary to ensure that my participation is in compliance with any applicable requirement of the Plan Document and the Internal Revenue Code.</li> <li>• I authorize the payroll deduction as indicated on this form.</li> </ul>			
Any person who presents false or fraudulent information is subject to criminal and civil penalties.			
<b>Participant Signature</b>		<b>Date (Required)</b>	
<b>Authorized Plan Administrator/Trustee Signature</b>			
I authorize the election indicated by the participant above.			
<b>Authorized Plan Administrator/Trustee Signature</b>		<b>Date (Required)</b>	



\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Social Security Number

335065-01

\_\_\_\_\_  
Number

**D Mailing Instructions**

**Participant** forward to Employer

**Employer please retain this document for your records. Payroll elections are not maintained by Service Provider.**

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