

## Cruz Construction Company Inc. 401(k) Plan

### ENROLLMENT FORM

Instructions - Follow the steps below to complete the form. (Please print.)

#### Step 1: Purpose of Form

Please check all boxes that apply:

- New Enrollment     
  Contribution Change     
  Investment Change     
  Discontinue Contributions

#### Step 2: Personal Information

Name (Last)	Name (First)	Name (MI)	Social Security Number	
Address		City	State	ZIP
Date of Hire	Date of Birth	Date of Participation (optional)	Email Address (All electronic account statements will be delivered to the email address listed.)	

#### Step 3: Contribution Election

##### Elective Deferrals

Please note you may invest all of your contributions in a before-tax account or an after-tax (Roth 401(k)) account, OR, you may divide your contributions between your before-tax account and your Roth 401(k) account. The total contributions to both accounts cannot exceed plan limits.

- I elect to contribute \_\_\_\_\_% or \$\_\_\_\_\_ of compensation per pay period on a before-tax basis. (Maximum calendar year limit for all 401(k) accounts - before-tax and Roth 401(k) contributions: \$18,500)
- I elect to contribute \_\_\_\_\_% or \$\_\_\_\_\_ of compensation per pay period to a Roth 401(k). (Maximum calendar year limit for all 401(k) accounts - before-tax and Roth 401(k) contributions: \$18,500)
- I elect not to make elective deferrals until further notice. I understand that if I do not participate now, or discontinue participation, I must wait until the next available entry date. Although I elect not to save for retirement through payroll deduction, I understand my employer may elect to contribute a discretionary contribution to the plan, and I authorize such a contribution to be invested as indicated.

#### Step 4: Contribution Election

##### Voluntary After-Tax Contributions

- I elect to contribute \_\_\_\_\_% or \$\_\_\_\_\_ of compensation per pay period as voluntary after-tax contributions.
- I elect not to make voluntary after-tax contributions until further notice. I understand that if I do not participate now, or discontinue participation, I must wait until the next available enrollment date.

#### Step 5: Investment Election

Your investment election will be effective as soon as administratively possible after receipt of this form by Ameritas Life Insurance Corp., PO Box 385017, Birmingham, AL 35238-5017.

**If no investment election is received or contributions are received prior to your investment election, contributions will be directed according to the provision of the plan or the contract, as appropriate.**

**Important Information. Please read carefully.** This investment direction will only apply to contributions received after you submit this form and it is received by Ameritas. If you wish to reallocate your entire current account balance, please select "Account Rebalance" at the end of this step.

All of your future contributions made to this plan, including rollover contributions, will be invested using the percentages selected.

**Option 1: Target Retirement Funds. These portfolios are designed to invest solely in one option that most clearly matches your approximate retirement timeline.**

- 100% T. Rowe Price Retirement 2010
- 100% T. Rowe Price Retirement 2015
- 100% T. Rowe Price Retirement 2020
- 100% T. Rowe Price Retirement 2025
- 100% T. Rowe Price Retirement 2030
- 100% T. Rowe Price Retirement 2035
- 100% T. Rowe Price Retirement 2040
- 100% T. Rowe Price Retirement 2045
- 100% T. Rowe Price Retirement 2050
- 100% T. Rowe Price Retirement 2055
- 100% T. Rowe Price Retirement 2060

**If you select any one of the Target Retirement Funds above, please skip to the last step - Signature.**

**Option 2: Your Customized Investment Options. - (Must be in whole percentage increments and add up to 100%.)**

Target Date	Large Blend
_____ % T. Rowe Price Retirement 2010, Advisor Class	_____ % State Street S&P 500 Index Securities Lending, Class H
_____ % T. Rowe Price Retirement 2015, Advisor Class	
_____ % T. Rowe Price Retirement 2020, Advisor Class	Large Growth
_____ % T. Rowe Price Retirement 2025, Advisor Class	_____ % American Funds AMCAP, Class R3
_____ % T. Rowe Price Retirement 2030, Advisor Class	_____ % Fidelity Advisor New Insights, Class A
_____ % T. Rowe Price Retirement 2035, Advisor Class	_____ % T. Rowe Price Growth Stock, Advisor Class
_____ % T. Rowe Price Retirement 2040, Advisor Class	Mid-Cap Value
_____ % T. Rowe Price Retirement 2045, Advisor Class	_____ % Fidelity Advisor Mid Cap Value, Class A
_____ % T. Rowe Price Retirement 2050, Advisor Class	_____ % Wells Fargo Special Mid Cap Value, Class A
_____ % T. Rowe Price Retirement 2055, Advisor Class	
_____ % T. Rowe Price Retirement 2060, Advisor Class	Mid-Cap Blend
Allocation—30% to 50% Equity	_____ % State Street S&P MidCap Index Securities Lending, III
_____ % T. Rowe Price Retirement Balanced, Advisor Class	
Allocation—50% to 70% Equity	Small Blend
_____ % Janus Henderson Balanced Fund, Class S	_____ % State Street Russell Small Cap Index Securities Lending, III
Money Market - Taxable	
_____ % American Century U.S. Government Money Market Fund, A Class	World Large Stock
Short-Term Bond	_____ % American Funds New Perspective, Class R3
_____ % Lord Abbett Short Duration Income, Class A	
_____ % State Street Short Term Investment, Class H	Foreign Large Blend
Intermediate-Term Bond	_____ % State Street International Index Securities Lending, III
_____ % Western Asset Core Plus Bond, Class A	
_____ % State Street U.S. Bond Index Securities Lending, III	Utilities
Multisector Bond	_____ % Franklin Utilities, Class A
_____ % Pioneer Strategic Income, Class A	Real Estate
High Yield Bond	_____ % T. Rowe Price Real Estate, Advisor Class
_____ % Fidelity Advisor High Income Advantage, Class A	Technology
Large Value	_____ % Janus Henderson Global Technology Fund, Class S
_____ % MFS Value, Class R3	Health
	_____ % Janus Henderson Global Life Sciences Fund, Class S
	100% Total

By checking the box below, I am authorizing automatic portfolio rebalancing. I understand this option will remain in effect until I notify Ameritas Life Insurance Corp. otherwise.

- Automatic Portfolio Rebalancing quarterly based on calendar end date
- Automatic Portfolio Rebalancing semiannually based on calendar end date
- Automatic Portfolio Rebalancing annually based on calendar end date

**Account Rebalance**

- By checking this box, I am authorizing a one-time account rebalance of my existing account balance according to the investment allocations selected on this form.

PLEASE NOTE: Your portfolio will be rebalanced as soon as administratively possible after receipt of this form by Ameritas Life Insurance Corp., PO Box 385017, Birmingham, AL 35238-5017.

**Step 6: Signature (Please sign below and return this completed form to your Employer.)**

NOTE: To help ensure you receive accurate reports that reflect the correct investment of the contributions made to the plan on your behalf, please review all reports regularly and report any discrepancy to us immediately.

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

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

\_\_\_\_\_  
Date

**Unless specific state language is noted below, the following general fraud notice applies.**

**FRAUD NOTICE**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

**AR RESIDENTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**CA RESIDENTS**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud if convicted of such charges in a court of law.

**CO RESIDENTS**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DC, KY AND PA RESIDENTS**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. The general fraud notice stated above does not apply to DC or Pennsylvania residents.

**FL RESIDENTS**

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or any application containing any false, incomplete, or misleading information is guilty of a felony of a third degree.

**GA, KS, MD, NE, OR AND WY RESIDENTS**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

**LA RESIDENTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**ME AND TN RESIDENTS**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

**NJ RESIDENTS**

Any person who includes any false or misleading information on an application for an insurance policy is subject to civil and criminal penalties.

**NM RESIDENTS**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**OK RESIDENTS**

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**TX RESIDENTS**

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

**VA RESIDENTS**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

**VT RESIDENTS**

Any person who knowingly, and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information may be subject to criminal or civil penalties.

**WA RESIDENTS**

Any person who knowingly presents fake or fraudulent claim for payment of a loss or knowingly makes a fake statement in an application for insurance may be guilty of a criminal offense under state law.