

NORTHWEST AGC CHAPTERS RETIREMENT PLAN

Initial Enrollment OR Deferral Change Form

Initial Enrollment
 Change
 Effective: _____

Forward to:
 Northwest Plan Services, Inc.
 Attn: AGC Team
 5446 California Ave SW, Suite 200
 Seattle, WA 98136

I. GENERAL INFORMATION

Participant's Name: _____
 Mailing Address: _____

 Social Security Number: _____
 Date of Birth: _____ Date of Hire: _____
 Employer Name: _____
 Rehired Employees only: Date of Termination: _____ Date of Rehire: _____

II. 401(k) DEFERRAL ELECTION (Applies only if your Employer has adopted the 401(k) feature)

- I elect to defer _____ % of my compensation. (Not to exceed maximum dollar amount allowable)
- I elect to defer \$ _____ each pay period. (Not to exceed maximum dollar amount allowable)
- I elect to NOT make 401(k) contributions at this time.

III. INVESTMENT ELECTION (Investment elections apply to initial enrollment only)

Core Funds:	Target Retirement Date Funds:
Morley Stable Value Fund	SIBTZ _____%
Dodge & Cox Income	DODIX _____%
Loomis Sayles Bond Instl	LSBDX _____%
Vanguard Intermediate Term Treasury	VFIUX _____%
Invesco Growth & Income Y	ACGMX _____%
Mairs & Power Growth	MPGFX _____%
Vanguard Institutional Index	VINIX _____%
JP Morgan Mid Cap Value I	FLMVX _____%
T. Rowe Price Instl Large Cap Growth	TRLGX _____%
PRIMECAP Odyssey Agg Gr	POAGX _____%
Northern Small Cap Value	NOSGX _____%
Vanguard S&P Small Cap 600 Index Instl	VSMSX _____%
American Funds EuroPacific R6	RERGX _____%
Vanguard S&P Mid Cap 400 Index Instl	VSPMX _____%
Conestoga Small Cap	CCASX _____%
DFA Emerging Markets I	DFEMX _____%
Cohen & Steers Institutional Realty Shares	CSRIX _____%
	Vanguard Target Retirement Income
	Vanguard Target 2010
	Vanguard Target 2015
	Vanguard Target 2020
	Vanguard Target 2025
	Vanguard Target 2030
	Vanguard Target 2035
	Vanguard Target 2040
	Vanguard Target 2045
	Vanguard Target 2050
	Vanguard Target 2055
	Vanguard Target 2060

All elections must be expressed in 1% increments and total should equal 100%.

IV. AUTHORIZATION

Sign and date this form to validate the above information. If you are completing Section II (401(k) Deferral Election), please submit a copy of the form to your payroll department. Your investment election will remain in effect until you change it in the Retirement Access System. You may increase or decrease your contribution or revoke your election by submitting a new Initial Enrollment OR Deferral Change Form.

X _____ Date X _____ Date
 Signature of Participant Signature of Plan Administrator

**NORTHWEST AGC CHAPTERS
RETIREMENT PLAN
BENEFICIARY DESIGNATION FORM**

Return this form to:
AGC Service Center
5446 California Ave. SW
Suite 200
Seattle, WA 98136
Fax: 206-938-5987

Participant's Name: _____ Social Security Number: _____

Pursuant to the provisions of the Northwest AGC Chapters Retirement Plan permitting the designation of a beneficiary or beneficiaries by a Plan participant, I hereby designate the following person(s) or entities as primary and secondary beneficiaries of my total Plan benefit payable by reason of my death. (List multiple beneficiaries on separate lines. Percents must add up to 100%):

Primary Beneficiary(ies)

Name	Soc. Sec. No.	Relationship	Date of Birth	Address	Percent

Secondary Beneficiary(ies)

Name	Soc. Sec. No.	Relationship	Date of Birth	Address	Percent

I hereby revoke all prior beneficiary designations I have made with respect to this plan.

The Trustee shall pay all sums payable under the Plan by reason of my death to the primary beneficiary(ies), if primary beneficiary(ies) survives me, and if no primary beneficiary shall survive me, then to the secondary beneficiary(ies); and if no named beneficiary survives me, then the Trustee shall pay all amounts in accordance with the terms of the Plan.

A Participant's spouse's consent is required if the Participant does not name the spouse as the sole primary beneficiary. The spouse's consent must be voluntary and must be notarized or witnessed by a Plan representative. **If you are single, or you are married and named your spouse as the sole primary beneficiary, check here _____ and do not complete page two of this form.**

Participant's Signature

Date

PLEASE NOTE: Special rules may apply to you if during your period of employment you reside in states which have enacted, or otherwise apply, community property laws. Accordingly, if the Plan Administrator or your employer receives written notice that a person other than the beneficiary you specify is claiming entitlement to amounts payable from the Plan, the Committee may take any action necessary to determine the persons entitled to such amounts, and payments from the Plan will be made accordingly. Additionally, if a Qualified Domestic Relations Order requires that a portion of your vested Plan benefit be paid to another person, the Plan will be obligated to pay such amounts in accordance with the order.

**NORTHWEST AGC CHAPTERS
RETIREMENT PLAN
BENEFICIARY DESIGNATION FORM**

CONSENT OF SPOUSE

I, the undersigned spouse of the Participant named on the above "Designation of Beneficiary," certify I have read the Designation of Beneficiary form. I understand that:

1. My spouse has named an entity or a person other than me to receive benefits from the Plan upon my spouse's death. These benefits may consist of community property in which I have an interest.
2. The designation of a beneficiary other than me will cause some or all of any benefits that are payable from the Plan upon my spouse's death to be paid to the named beneficiary other than me.
3. If I do not voluntarily consent to my spouse's beneficiary designation, the designation will be invalid and I will receive any benefits that may be payable from the Plan upon my spouse's death.

I voluntarily consent to and join in the Beneficiary Designation made by my spouse, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the designation. If my spouse changes the designation, I understand I must file a similar consent to the new designation or my consent is no longer effective.

Signature of Participant's Spouse

Date

STATE OF _____)

)

COUNTY OF _____)

On the _____ day of _____, 20____ before me came _____ to be known and known to me to be the person described in and who executed the above statement and (s)he duly acknowledged to me that (s)he executed same.

NOTARY PUBLIC in and for the State
of _____ residing at

My Commission expires: _____

**NORTHWEST AGC CHAPTERS
RETIREMENT PLAN
ROLLOVER ACCEPTANCE FORM**

PARTICIPANT'S NAME: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

ESTIMATED ROLLOVER AMOUNT _____

*Please make checks payable to: Charles Schwab Trust Company
FBO Northwest AGC Chapters Retirement Plan*

Memo Line: Participant Name, SSN and Plan #205882

*Mail to: Northwest Plan Services, Inc.
Attn: AGC Service Center
5446 California Ave SW, Ste 200
Seattle, WA 98136*

I certify that the rollover/direct transfer is an eligible rollover distribution from (choose one):

- A qualified retirement plan described in Internal Revenue Code Section 401(a) or 403(a), excluding after-tax employee contributions (such as a 401(k), profit sharing or pension plan)
- An annuity contract described in Internal Revenue Code Section 403(b), excluding after-tax employee contributions
- An eligible plan under Internal Revenue Code Section 457(b), which is maintained by a state, political subdivision of a state, or any agency or instrumentality of a state or political subdivision of a state
- A traditional IRA described in Internal Revenue Code Section 408(a) or 408(b) that is eligible to be rolled over

Note: You may request a withdrawal of the rollover portion of your account from the Northwest AGC Chapters Retirement Plan at any time. Please contact the AGC Service Center for more information.

INVESTMENT INSTRUCTIONS

Proceeds of this rollover will be invested according to your current elections on file. (If you are not currently participating, you will need to complete an Enrollment/Change Form. Please submit the completed Enrollment/Change Form with your Rollover Acceptance Form.)

PARTICIPANT SIGNATURE

DATE

Return this form when completed to:
Northwest Plan Services, Inc. Attn: AGC Service Center
5446 California Ave SW, Suite 200, Seattle, WA 98136
Fax: (206) 938-5987

Please Note: This form is to confirm that the money being rolled over is coming from an eligible rollover source ONLY. It is your responsibility to initiate the distribution from the previous plan/IRA and have it processed as instructed above.