

**KENT COMPANIES, INC. PROFIT SHARING AND 401(K) SAVINGS PLAN**

Enrollment Form

Check one: \_\_\_\_\_ Application for Enrollment \_\_\_\_\_ Change in Enrollment

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date of Hire

The automatic enrollment provision of the Plan permits Kent Companies to withhold 3% from compensation each pay period. The Plan also allows Participants to make elective deferrals under an election that is different than the automatic enrollment percent. *I do not wish the Plan's automatic deferral percentage to apply to my compensation and make my 401(k) contribution election indicated below (choose one of the two options):*

401(K) CONTRIBUTION ELECTION

\_\_\_\_\_ **No deferrals.** I elect not to make 401(k) contributions at this time.

[If you elect this option, go directly to the bottom of the form and sign and date the form]

\_\_\_\_\_ **Election to override automatic deferral/change.** I elect to defer an amount which is equal to \_\_\_\_\_% or \$\_\_\_\_\_ each pay period.

This Agreement is effective as soon as the Plan Administrator can reasonably implement my election after receipt, and I may modify the Agreement as of any payroll period. I understand that (1) my election regarding the amount of deferrals is irrevocable once the employer withholds the deferrals from my paycheck; and (2) any change of election regarding the amount of deferrals is effective only for deferrals from paychecks I receive after the Plan Administrator accepts my change of election.

I understand I have a duty to review my pay records to confirm the Employer has properly implemented my 401(k) deductions. I also have a duty to inform the Plan Administrator if I discover any discrepancy. If I fail to report any errors by the cut-off date for the next following payroll, this will be treated as my affirmative action to defer the amount actually withheld (including zero). However, I may modify my future 401(k) deductions consistent with the Plan terms.

I hereby agree to comply and be bound by the provisions of the plan and acknowledge that I have received a copy of the Summary Plan Description.

Date \_\_\_\_\_

Signature \_\_\_\_\_