

SOCIAL SECURITY NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**1. EMPLOYEE INFORMATION (PLEASE PRINT)**

☐ Married ☐ Not Married

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

**ROLLOVER**

☐ Please contact me using the information above to help me consolidate another retirement plan (401(k), 403(b), IRA, etc.) into my Transamerica Retirement Solutions account.

**2. CONTRIBUTION AMOUNT**

I elect to contribute every pay period the following percentage or amount and understand that I can change this election:

☐ A. \_\_\_\_\_ .0% **OR** \$ \_\_\_\_\_ .00 **Traditional** 401(k) salary contribution amount on a before-tax basis.

☐ B. \_\_\_\_\_ .0% **OR** \$ \_\_\_\_\_ .00 **Roth** 401(k) salary contribution amount on an after-tax basis.

\_\_\_\_\_ .0% **OR** \$ \_\_\_\_\_ .00 **Total** salary contribution (A + B).

Your total before-tax and after-tax contribution cannot exceed the plan's limit.

**The company will match 100% of your contributions, dollar for dollar, up to 3% of eligible pay, plus 50% of each additional dollar greater than 3% and no more than 5% of eligible pay.**

**A 5% contribution maximizes your company matching contributions.**

**3. CATCH-UP CONTRIBUTION**

Consider making a catch-up contribution: if you will be **at least 50 years of age** by year end, and will contribute the maximum permitted by the plan, or will reach the federal limit by year end (\$20,500 in 2022). The maximum catch-up contribution is \$6,500 in 2022.

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I elect to contribute:

- ☐ \$ \_\_\_\_\_ .00 per pay period as a catch-up contribution.
- ☐ \_\_\_\_\_ .0% of my eligible compensation as a deferral catch-up contribution (enter a percentage 1% to 100%).

**4. INVESTMENT MIX**

Please invest my **future** plan contributions as indicated.

**OPTION A: TARGET DATE SERIES**

The Target Date Series investment choices are designed for you to allocate 100% of your contribution to the one investment choice that most closely matches your projected retirement date. These investment options are diversified and structured to grow more conservative as the investment option's target date approaches.

**Select only one.**

**If you selected Option A, sign and date in Section 5, otherwise, proceed to Option B.**

TARGET DATE FUND NAME:	SELECT ONE:
R49L State Street Target Retirement Income Ret Acct (Class: N/A)	<input type="checkbox"/> 100%
R49W State Street Target Retirement 2020 Ret Acct (Class: N/A)	<input type="checkbox"/> 100%
R49Y State Street Target Retirement 2025 Ret Acct (Class: N/A)	<input type="checkbox"/> 100%
R4A2 State Street Target Retirement 2030 Ret Acct (Class: N/A)	<input type="checkbox"/> 100%
R4A4 State Street Target Retirement 2035 Ret Acct (Class: N/A)	<input type="checkbox"/> 100%
R4A6 State Street Target Retirement 2040 Ret Acct (Class: N/A)	<input type="checkbox"/> 100%
R4A8 State Street Target Retirement 2045 Ret Acct (Class: N/A)	<input type="checkbox"/> 100%
R4AA State Street Target Retirement 2050 Ret Acct (Class: N/A)	<input type="checkbox"/> 100%
R4AC State Street Target Retirement 2055 Ret Acct (Class: N/A)	<input type="checkbox"/> 100%
R4AE State Street Target Retirement 2060 Ret Acct (Class: N/A)	<input type="checkbox"/> 100%

**OPTION B: ASSET ALLOCATION SERIES**

The Asset Allocation Series investment choices are designed for you to allocate 100% of your contributions to the one investment choice that most closely matches your investment mix reflective of your selected time horizon.

**Select only one.**

**If you selected Option B, sign and date in Section 5, otherwise, proceed to Option C.**

ASSET ALLOCATION SERIES NAME:	SELECT ONE:
R42Q TA Vanguard LifeStrategy Income Ret Acct (Class: Investor)	<input type="checkbox"/> 100%
R42S TA Vanguard LifeStrategy Conservative Growth Ret Acct (Class: Investor)	<input type="checkbox"/> 100%
R42U TA Vanguard LifeStrategy Moderate Growth Ret Acct (Class: Investor)	<input type="checkbox"/> 100%
R42W TA Vanguard LifeStrategy Growth Ret Acct (Class: Investor)	<input type="checkbox"/> 100%

**OPTION C: CREATE YOUR OWN INVESTMENT PORTFOLIO**

If you prefer to create your own investment portfolio, just select from the following available investment choices. All elections must be in whole percentages and total 100%. If you elect to join the plan and fail to make an investment election, or your elections do not equal 100%, your contribution will be invested in the Target Date Series that most closely matches a projected retirement age at 65.

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ASSET CLASS	SUB ASSET CLASS	INVESTMENT CHOICE	% OF CONTRIBUTION
<b>SHORT BONDS/STABLE/MMKT</b>			
STABLE VALUE		Q1QQ Transamerica Stable Value Advantage Account (Class: N/A)	_____ .0%
<b>INTERM./LONG-TERM BOND</b>			
INTERMEDIATE-TERM BONDS		R3BV State Street U.S. Bond Index Ret Acct (Class: N/A)	_____ .0%
		R3Q9 Western Asset Core Plus Bond Ret Acct (Class: IS)	_____ .0%
GOVERNMENT BONDS		R4H3 BlackRock Inflation Protected Bond Ret Acct (Class: K)	_____ .0%
<b>AGGRESSIVE BONDS</b>			
HIGH YIELD BONDS		R3NG Lord Abbett High Yield Ret Acct (Class: R-6)	_____ .0%
<b>LARGE-CAP STOCKS</b>			
LARGE-CAP VALUE STOCKS		R3PH Pioneer Equity Income Ret Acct (Class: K)	_____ .0%
LARGE-CAP BLEND STOCKS		R3HD American Funds Fundamental Investors Ret Acct (Class: R-6)	_____ .0%
		R3ER TA Vanguard Total Stock Market Index Ret Acct (Class: Admiral)	_____ .0%
		R3TM Transamerica Partners Stock Index Ret Acct (Class: N/A)	_____ .0%
LARGE-CAP GROWTH STOCKS		R3HG American Funds Growth Fund of America Ret Acct (Class: R-6)	_____ .0%
<b>SMALL/MID-CAP STOCKS</b>			
MID-CAP VALUE STOCKS		R3FM Transamerica Small/Mid Cap Value Ret Acct (Class: R-6)	_____ .0%
MID-CAP BLEND STOCKS		R454 JPMorgan SMID Cap Equity Ret Acct (Class: R-6)	_____ .0%
		R3BT State Street S&P Mid Cap Index Ret Acct (Class: N/A)	_____ .0%
MID-CAP GROWTH STOCKS		R45R Pioneer Select Mid Cap Growth Ret Acct (Class: K)	_____ .0%
SMALL-CAP VALUE STOCKS		R3T3 Wells Fargo Special Small Cap Value Ret Acct (Class: R-6)	_____ .0%
SMALL-CAP BLEND STOCKS		R499 Federated Hermes MDT Small Cap Core Ret Acct (Class: R-6)	_____ .0%
		R3BP State Street Russell Small Cap Index Ret Acct (Class: N/A)	_____ .0%
SMALL-CAP GROWTH STOCKS		R4KG Victory RS Small Cap Growth Ret Acct (Class: R-6)	_____ .0%
REAL ESTATE		R3SV DWS RREEF Real Estate Securities Ret Acct (Class: R-6)	_____ .0%
<b>INTERNATIONAL STOCKS</b>			
WORLD/FOREIGN STOCKS		R4DH MFS International Diversification Ret Acct (Class: R-6)	_____ .0%
		R3BR State Street International Index Ret Acct (Class: N/A)	_____ .0%
EMERGING MARKET STOCKS		R4H8 DFA Emerging Markets Core Equity Ret Acct (Class: Inst)	_____ .0%
<b>MULTI-ASSET/OTHER</b>			
TARGET DATE INVESTMENT CHOICES		R49L State Street Target Retirement Income Ret Acct (Class: N/A)	_____ .0%
		R49W State Street Target Retirement 2020 Ret Acct (Class: N/A)	_____ .0%
		R49Y State Street Target Retirement 2025 Ret Acct (Class: N/A)	_____ .0%
		R4A2 State Street Target Retirement 2030 Ret Acct (Class: N/A)	_____ .0%
		R4A4 State Street Target Retirement 2035 Ret Acct (Class: N/A)	_____ .0%
		R4A6 State Street Target Retirement 2040 Ret Acct (Class: N/A)	_____ .0%
		R4A8 State Street Target Retirement 2045 Ret Acct (Class: N/A)	_____ .0%
		R4AA State Street Target Retirement 2050 Ret Acct (Class: N/A)	_____ .0%
		R4AC State Street Target Retirement 2055 Ret Acct (Class: N/A)	_____ .0%
		R4AE State Street Target Retirement 2060 Ret Acct (Class: N/A)	_____ .0%
ASSET ALLOCATION INVESTMENT CHOICES		R42Q TA Vanguard LifeStrategy Income Ret Acct (Class: Investor)	_____ .0%
		R42S TA Vanguard LifeStrategy Conservative Growth Ret Acct (Class: Investor)	_____ .0%

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ASSET CLASS	SUB ASSET CLASS	INVESTMENT CHOICE	% OF CONTRIBUTION
MULTI-ASSET/OTHER		R42U TA Vanguard LifeStrategy Moderate Growth Ret Acct (Class: Investor)	_____.0%
		R42W TA Vanguard LifeStrategy Growth Ret Acct (Class: Investor)	_____.0%

**Total for all investment choices must equal 100%: 100.0%**

**5. AUTHORIZATION AND SIGNATURE**

I hereby authorize payroll deduction of plan contributions in accordance with the level(s) I have indicated in this form. I understand this constitutes a "cash or deferred arrangement" under section 401(k) of the Internal Revenue Code and that my contributions are subject to the withdrawal restrictions of the plan. By authorizing a payroll deduction, I understand I am electing to contribute a portion of my salary to the The TAG Mesirow Retirement Plan Exchange - Castle Building & Remodeling. I understand that certain limitations are imposed on my contributions by Federal law and that my contributions may be refunded to comply with these laws. I further agree that neither Castle Building & Remodeling, the plan trustee, nor their affiliates will be liable for any loss when acting upon my instructions believed to be genuine.

I understand I have a duty to review my pay records (pay stub, etc.) to confirm the plan administrator has properly implemented my contribution election(s). Furthermore, I have a duty to inform the plan administrator in writing if I discover any discrepancy between my pay records and the election(s) I have made in this enrollment/change form. I understand I may modify my contribution rate prospectively, at the time I notify plan administrator in writing, consistent with the plan terms. Notification of a discrepancy must be received within four weeks of first contribution, otherwise we will assume you are in accordance with said elections.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**SUBMIT SIGNED FORM TO YOUR PLAN ADMINISTRATOR**

**FOR PLAN ADMINISTRATOR USE ONLY:**

Plan Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR PLAN ADMINISTRATOR USE ONLY:**

Transamerica, 6501 Deane Hill Drive  
Knoxville, TN 37919  
Fax#: 865-670-0227

**IMPORTANT NOTES**

- If you exceed IRS/plan limits (limits apply to the sum of before-tax and after-tax 401(k) contributions), the excess will be automatically re-characterized as Catch-up Contributions, up to the limit for Catch-up Contributions for the year unless you do not satisfy the age and contribution requirements to make Catch-up Contributions. In that case, excess contributions will be returned to you and may result in additional taxable income to you. Please consult with your tax advisor in the event you exceed IRS/Plan limits.
- With the exception of one-time deductions, your Catch-up Contribution election will carry over from year to year.
- The investment mix of Catch-up Contributions will be the same as your regular before-tax contributions. The IRS/plan limits may affect the amount you can contribute to the plan each year.
- If you are making Catch-up Contributions but do not satisfy both the age and contribution requirements, your Catch-up Contributions will be re-characterized as regular contributions at the end of the year.
- Catch-up Contributions will be allocated in the same proportion as your total elective contribution. For example, if you have elected to contribute 6% to your traditional 401(k) account and 4% to your Roth 401(k) account, 60% of your total elective contribution will be

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directed into your traditional 401(k) account and 40% will be directed into your Roth 401(k) account. If you make a Catch-up Contribution of \$6,500, \$3,900 ( $\$6,500 \times .60$ ) of your Catch-up Contribution will go into your traditional 401(k) account and \$2,600 ( $\$6,500 \times .40$ ) of your Catch-up Contribution will go into your Roth 401(k) account.

- Catch-up Contributions will be taken into account when calculating employer Matching Contributions.



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You may name anyone you wish as your beneficiary. However, **if you are married and you name someone other than your spouse as beneficiary for all or part of the benefits payable, your spouse must consent to the beneficiary designation and complete the Spousal Consent section.** If your spouse does not complete the Spousal Consent section, your beneficiary will be your spouse, even if you designate a different beneficiary on this form. Remember that changes in marital status may affect your beneficiary designations, so be sure to keep your designation current.

**Submit this completed form to your plan administrator.**

### **Beneficiary Designation**

I name the following individual(s) to receive my plan benefits in the event of my death in accordance with the terms of the plan. This beneficiary designation cancels and replaces all prior designations and settlement agreements which I have made under the plan. Benefits will be paid to my primary beneficiary(ies), if living. Benefits will be paid to my contingent beneficiary(ies) only if none of my primary beneficiaries are living.

Percentages must be whole percentages and total 100% for Primary Beneficiary(ies), **AND** Percentages below must be whole percentages and total 100% for Contingent (Secondary) Beneficiary(ies), if any.

**Primary Plan Beneficiary(ies)** - Will receive benefits in the event of your death.

BENEFICIARY NAME(S) AND ADDRESS(ES)	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	TOTAL OF BENEFITS (100.0%)
				_____.0%
				_____.0%
				_____.0%
				_____.0%

**Contingent Plan Beneficiary(ies)** - Will receive benefits if no primary beneficiary is living at the time of your death.

BENEFICIARY NAME(S) AND ADDRESS(ES)	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	TOTAL OF BENEFITS (100.0%)
				_____.0%
				_____.0%
				_____.0%
				_____.0%

**NOTE:** If you do not designate a percentage for your primary beneficiaries, the benefit will be equally divided among your primary beneficiaries who survive you. If no primary beneficiary survives you and you do not designate a percentage for your contingent beneficiaries, the benefit will be equally divided among your contingent beneficiaries who survive you. If no beneficiary survives you, benefits will be paid as provided under the plan.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signed at (City and State): \_\_\_\_\_ Date: \_\_\_\_\_

Participant Name (Please print): \_\_\_\_\_

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**Spousal Consent - This section must be completed if your spouse is not designated (100%) as Primary Beneficiary.**

I, spouse of \_\_\_\_\_, hereby consent to the designation of the beneficiary(ies) named on this form. I understand that my spouse has designated someone other than (or in addition to) myself as a beneficiary to receive benefits under this plan. I understand the financial impact of this designation. I also understand that my consent to this designation is irrevocable.

If the plan includes joint and survivor provisions, by signing below, I hereby waive all rights to the pre-retirement survivor benefit with respect to that portion of the plan benefits payable to a beneficiary other than myself.

Spouse Name (Please Print): \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notary Public or Plan Representative Signature Required:**

Subscribed and sworn to me before this: \_\_\_\_\_ day of: \_\_\_\_\_

Signature: \_\_\_\_\_

State: \_\_\_\_\_ County: \_\_\_\_\_