



Participant Enrollment
401(a) Plan

State of Colorado Defined Contribution Retirement Plan

98991-03

Participant Information

Form with fields for Last Name, First Name, MI, Social Security Number, Address, City, State, Zip Code, Home Phone, Work Phone, E-Mail Address, Date of Birth, Gender, and Annual Income.

Payroll Information

The contribution amounts for this Plan are 8% from the employee and 10.15% from the employer.

Form with fields for Division Name and Division Number, with a note 'To be completed by Representative:'.

Managed Accounts Service Information

The Managed Accounts Service provided by Advised Assets Group, LLC ("AAG") will automatically direct your investment election for future contributions and will rebalance your account quarterly, if necessary.

Managed Accounts Service:

By checking this box, I elect to have my account professionally managed by Advised Assets Group, LLC ("AAG") until such time as I revoke or amend my election.

-OR-

Select My Own Investment Options:

- I elect to direct my own investments. By declining the Managed Accounts Service, I agree to, understand and acknowledge the following:
1. I had the opportunity to have an investment expert, Advised Assets Group, LLC ("AAG"), make investment decisions on my behalf and I chose not to accept this option.
2. I am required to direct all the investments of my accounts (current balance, future contributions and rollover monies) in this Plan by completing the investment election in the Investment Option Information section.
3. I take full responsibility for my own investment elections.
4. I have received and reviewed the information in my enrollment kit about my investment choices and have had an opportunity to freely choose how my accounts are invested.

Make your investment election for future deposits in the Investment Option Information section.

Do not complete this section if you are electing to enroll in the Managed Accounts Service.

Investment Option Information (applies to all contributions) - Please refer to your marketing communication materials for information regarding each investment option.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents.

Table with 4 columns: Investment Option Name, Investment Option Code, Investment Option Name, and Investment Option Code. Rows include Aggressive Profile Portfolio (COAGG3), Moderate Profile Portfolio (COMOD3), Conservative Profile Portfolio (COCON3), American Funds EuroPacific A (AF-EPG), Dodge & Cox International Stock Fund (DODFX), and TCM Small Cap Growth Fund (TCMSX).



<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u>		<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u>	
Veracity Small Cap Value Fund	VSCVX	_____ %	Vanguard Institutional Index Fund	VG-IND	_____ %
Artisan Mid Cap Value Fund	ARTQX	_____ %	Vanguard Total Bond Market Index - Inst.	VBTIX	_____ %
Munder Mid Cap Core Growth Y	MGOYX	_____ %	Great-West Stable Value Fund	COSVF	_____ %
American Funds Growth Fund R5	RGAFX	_____ %	MUST INDICATE WHOLE PERCENTAGES		=100%
Hotchkis & Wiley Large Cap Value - I	HWLIX	_____ %			

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator/Trustee to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Investment Options - If I elect to direct my own investments, I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

I understand if I elect to have my account managed by Advised Assets Group, LLC ("AAG"), that my entire account, including any transfers or rollovers, will be professionally managed and I have not completed the Investment Option Information section. In the event investment option information is completed, my election to have my account professionally managed will override my investment option elections. Dollar cost averaging and asset allocation are not available if my account is professionally managed. I understand that the applicable fees will be deducted from my account. In order to enroll in the Managed Accounts Service, I understand that I must provide my Social Security number, date of birth, gender, marital status and annual income. If any of this information is not provided, I understand that I will not be enrolled in the Managed Accounts Service.

Compliance With Plan Document and/or the Code - I agree that my employer or Plan Administrator/Trustee may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once an account has been established on my behalf, I understand that I must call KeyTalk® or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after an account is established on my behalf will be applied to the investment options I have most recently selected.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Managed Accounts Service Fee - If you elect the Managed Accounts Service, a quarterly fee will be assessed. If you wish to opt-out in the future please call an Advised Assets Group, LLC ("AAG") Representative at your Plan's KeyTalk® number.

Last Name First Name MI Social Security Number

Required Signatures - I have completed, understand and agree to all pages of this Participant Enrollment form including the terms of the Managed Accounts Agreement.

Participant Signature **Date**

Authorized Plan Administrator/Trustee Signature **Date**

Participant forward to Plan Administrator/Trustee
Plan Administrator forward to Service Provider at:
Great-West Retirement Services®
1775 Sherman Street, Suite 2820
Denver, CO 80203
Phone #: 1-800-838-0457
Fax #: 1-303-830-3531
Web site: www.gwrs.com

Representative must check one of the following.

Solicited: Representative met with individual participant to solicit Plan enrollment and has verified suitability of the participant's investment allocation per the Participant Suitability Profile. Where the participant has elected the Managed Accounts Service, the Representative's solicitation of the Plan enrollment is not deemed to be a recommendation to elect, or affirmation of the participant's decision to elect this service

Unsolicited: Representative did not meet with participant

Registered Representative Signature and ID **Date**

Registered Principal Signature **Date**