

PLAN ENROLLMENT FORM

Gadabout, Inc. 401(k) Profit Sharing Plan

When it comes to retirement planning, the most valuable thing you have is time. Even if you can only save a little, that little will go a long way for helping you achieve your retirement goals. Start by enrolling in your retirement plan and saving what you can.

YOUR INFORM	MATION							
Social Security #:	Division:							
Full Name:								
Marital Status:	Unmarried Married Divorced or Legally Separated per court or	rder Gender : Male Female						
Address:								
City, State, Zip:								
Home Phone:	Mobile Phone:							
Home Email Address: Birth Date (MM/DD/YYYY):								
Original Hire Date: (MM/DD/YYYY)	Previous Termination: (MM/DD/YYYY)	Rehire Date: (MM/DD/YYYY)						
YOUR SAVINGS RATE (PLEASE CHOOSE ONE OF THE OPTIONS BELOW)								
I would like to customize my savings rate: Pre-tax: Enroll me in my plan and save% or \$ (must be in whole numbers) per pay period on a pre-tax basis. Roth: Enroll me in my plan and save% or \$ (must be in whole numbers) per pay period on an after-tax basis. I do not wish to save for retirement at this time.								
YOUR SIGNATURE								
customize my savings rate. records for the accuracy of savings rate being what (if a to make an election, my be alternative. I had the oppormy investment elections. Toomply with Section 404(c)	lan Enrollment Form and I authorize contributions from my pay as elected or the LI may elect to change my savings rate for pay after the Plan records the charmy contributions and I must promptly report any discrepancy. A failure to propare anything) was actually withheld. I also authorize my Plan benefit to be invested nefit will be invested in the Plan's default, described on the following pages, without to read the prospectus for each investment option before making select The Plan Trustee may alter the available investments. I understand the Plan may of the Employee Income Security Act of 1974. Such a plan allows participant without the plan's fiduciaries being liable for losses resulting from such investing Plan Enrollment Form.	nge. I am responsible to check my pay amptly report the discrepancy results in my ed as selected on the following pages. If I fail which is a qualified default investment stions and I understand I can make changes to hay be a 404(c) plan, meaning it is intended to its and beneficiaries to select investments						
Signature of Participant	Printed Name	Date (MM/DD/YYYY)						

Name:		My Social Security #	# :
ILD MY	OWN PORTFOLIO		
		allocation percentage must be in whole nur	
	sted in the qualified default investmen	is an invalid entry—for example, your selections a t alternative, or QDIA, for your plan. For more inf	
Ticker	Investment Category	Fund Name	Allocation Percentage
PDAJX	Target-Date Retirement	Prudential Day One Income Fund	%
PDCJX	Target-Date 2015	Prudential Day One 2015 Fund	%
PDDJX	Target-Date 2020	Prudential Day One 2020 Fund	%
PDEJX	Target-Date 2025	Prudential Day One 2025 Fund	%
PDFJX	Target-Date 2030	Prudential Day One 2030 Fund	%
PDGJX	Target-Date 2035	Prudential Day One 2035 Fund	%
PDHJX	Target-Date 2040	Prudential Day One 2040 Fund	%
PDIJX	Target-Date 2045	Prudential Day One 2045 Fund	%
PDJJX	Target-Date 2050	Prudential Day One 2050 Fund	%
PDKJX	Target-Date 2055	Prudential Day One 2055 Fund	%
PDLJX	Target-Date 2060	Prudential Day One 2060 Fund	%
XSAF2	Stable Value	The Standard Stable Asset Fund II	%
OPBIX	Intermediate-Term Bond	Invesco Core Bond Fund Class R6	%
PHYQX	High Yield Bond	PGIM High Yield R6	%
JLGMX	Large Growth	JPMorgan Large Cap Growth Fund	%
WFSPX	Large Blend	iShares S&P 500 Index Fund Class K	%
MEIKX	Large Value	MFS Value R6	%
BRMKX	Mid-Cap Blend	iShares Russell Mid-Cap Index Fund	%
CSGYX	Small Growth	Columbia Small Cap Growth Inst3	%
BDBKX	Small Blend	iShares Russell 2000 Small-Cap Index	%
ESPRX	Small Value	Allspring Special Small Cap Value R6	%
BTMKX	Foreign Stock	iShares MSCI EAFE International Index	%
FILRX	Foreign Stock	Franklin International Growth Fund	%
TAINX	Foreign Large Value	Transamerica International Equity R6	%
DEMZX	Diversified Emerging Mkts	Delaware Emerging Markets Fund	%

I want my account to be rebalanced:

☐ At this time ☐ Annually

☐ Semi-Annually ☐ Quarterly ☐ Do not rebalance my account



BENEFICIARY FORM

Gadabout, Inc. 401(k) Profit Sharing Plan

YOUF	R INFORM <i>A</i>	ATION						
Full Name:			Social Security #:					
Marital Status: Unmarri		ied Married Legally Separated						
Spouse	Name:			Spouse So	ocial Security #:			
Spouse	Birth Date	1	/ Date of		Marriage: /		/	
		,	,				,	
BENE	FICIARIES							
designate a beneficiary	nother as my primary takes my account if n	designated being primary bene	neficiary . I can desi eficiary(ies) dies bet	esignated primary benefician ignate a contingent beneficial fore me. I hereby designate for the primary and continge	ry without my spouse the following primary a	's consent, if I and contingent	am married. A beneficiaries ir	contingent
PRIMARY BENEFICIARIES			_					
Percent	Percent Beneficiary Name (First, Last)		Relationship		Social Security N	lumber	Date of	Birth
				n-Spouse Child Trust			/	
			Spouse No	n-Spouse Child Trust			/	
Percent	Beneficiary Name			Relationship	Social Security N	lumber	Date of	Rirth
Delicitiary Name (113t, Last)		(i not, Last,	Spouse Non-Spouse Child Trust		Occide Coccerty 14	idiniboi	/	/
				n-Spouse Child Trust				
		Spouse Non-Spouse Child Trust				/		
				n-Spouse Child Trust			/	/
VOLUE	OLONIATI	IDE.						
YOUR	R SIGNATU	IKE						
terms of the null and void divorced or r Beneficiary. designations any time prio designated a	Plan. If I am not currer I, and the benefits under my spouse dies, then I Such designation will not a and shall be effective for to my death and sub-	ntly married, but er the Plan will be remarry, this Be not be effective u until such time a stitute a new Be spouse as Primar	am married at my de e paid to my spouse neficiary Designation unless my new spous is it may be replaced neficiary Designation y Beneficiary, I here	It the Plan Administrator will di eath while still a participant in t unless I properly execute a ne n will be void if I designate or h se has consented in this form. If by a subsequent Beneficiary I n. If I am subject to the Qualifi by waive the QPSA coverage s	the Plan, I understand the Beneficiary Designat lave designated someor This Beneficiary Design Designation or revoked. Bed Preretirement Survivion	nat this Beneficia ion. If I am curre ne other than monation supersede I may revoke the or Annuity (QPS)	ary Designation ently married, buy new spouse as as any and all prints Beneficiary D	is automatically It later I am S Primary ior lesignation at Ind have
Signature o	f Participant					D	ate (MM/DD/Y	YYY)
SPOL	JSAL CONS	SENT						
spouse and, Preretiremer account und	if applicable, consent to the Survivor Annuity Exp er the Plan unless I hav	to the waiver of Colorada to the waiver of C	Qualified Preretireme stand that if this con Co-Primary Beneficia	nt in the Plan. I voluntarily and lent Survivor Annuity benefits. Insent is in effect at the time of any or have been named a Cont Primary Beneficiary designation	f applicable, I acknowle my spouse's death I wi ingent Beneficiary and a	dge I have read II not have any r	and understand ight to a paymer	the Qualified nt from the
Signature o	f Spouse					Date ((MM/DD/YYYY)	
Signature of Plan Representative or Notary Public My Commission Expires (If Applicable) Sworn Before Me On (MM/DD						n (MM/DD/YYYY)		