

AMG 401(k) Retirement Plan

ENROLLMENT FORM

Instructions - Follow the steps below to complete the form. (Please print.)

Plea	p 1: Purpose of Form ise check all boxes that New Enrollment	t apply: Contribution	on Change	☐ Inv	estment Change		Discontir	nue Contributions	
	p 2: Personal Informa	ition	T., /= ,)			T (10)	1		
Nar	me (Last)		Name (First)	Name (First)		Name (MI)	Social Security Number		
Add	dress			City			State	ZIP	
Dat	te of Hire	Date of Birth	Date of Participation	n (optional)	Email Address (All electro	onic account state	ments will be d	delivered to the email address listed.)	
Elec	p 3: Contribution Elective Deferrals								
perc com the	If you are a new participant, your default election percentage is 3% and you will be enrolled at this amount unless you elect a different percentage. If you are a current participant and you are contributing less than 3% of compensation, then contributions in the amount of 3% of compensation will automatically be deducted from your compensation. If you are a current participant and you are not making contributions to the plan, then 3% of compensation will automatically be deducted from your compensation. If you do not select an investment allocation for your account, this contribution will be invested in the T. Rowe Capital Appreciation.								
	ou wish to increase y ck one of the boxes b		yond the default p	percentag	e or you wish to e	elect not to	contribu	ite at this time, please	
	se note you may inves tributions between you ts.								
		before-tax contributio				pay period.	(Maximur	m calendar year limit for	
		contribution to ts - before-tax and Rot				to a Roth 40	оı(k). (Ма	aximum calendar year limit	
	wait until the next av		though I elect not to	o save for r	retirement through	payroll dedu	uction, I u	inue participation, I must nderstand my employer ed as indicated.	
Ste	p 4: Investment Elect	tion							
	r investment election v 017, Birmingham, AL 3 <u>4</u>		on as administrativel	ly possible	after receipt of thi	s form by Ar	neritas Lif	fe Insurance Corp., PO Box	
If n	_	on is received or cont			to your investme	≥nt election	, contrib	utions will be directed	
								you submit this form and nce" at the end of this	

All of your future contributions made to this plan, including rollover contributions, will be invested using the percentages selected.

Option 1: Target Retirement Funds. These portfolios are designapproximate retirement timeline.	ned to invest solely in one option that most clearly matches your
□ 100% American Century One Choice 2025 Portfolio □ 100% American Century One Choice 2030 Portfolio □ 100% American Century One Choice 2035 Portfolio □ 100% American Century One Choice 2040 Portfolio □ 100% American Century One Choice 2045 Portfolio □ 100% American Century One Choice 2050 Portfolio □ 100% American Century One Choice 2055 Portfolio □ 100% American Century One Choice 2060 Portfolio □ 100% American Century One Choice 2065 Portfolio □ 100% American Century One Choice 1065 Portfolio □ 100% American Century One Choice In Retirement If you select any one of the Target Retirement Funds above, plants	
Option 2: Your Customized Investment Options (Must be in	whole percentage increments and add up to 100%.)
Target-Date	Large Growth
% Guaranteed Investment Account Intermediate Core Bond% Calvert VP Investment Grade Bond Index	% Fidelity Advisor Small Cap, Class A Small Growth% Wasatch Small Cap Growth, Investor Class
Intermediate Core-Plus Bond	Foreign Large Growth
High Yield Bond	Foreign Small/Mid Growth
Long-Term Bond% Vanguard Long-Term Investment-Grade, Admiral Shares	Diversified Emerging Mkts % American Funds New World Fund, Class R-6
Large Value % American Century Equity Income Fund, R6 Class% Vanguard Value Index, Admiral Shares Large Blend% Calvert VP S&P 500 Index% FMI Large Cap	Nontraditional Bond% Templeton Global Bond Fund, Class R6 Real Estate% Cohen & Steers Real Estate Securities Fund, Inc. Natural Resources% BNY Mellon Natural Resources Fund, Class I 100% Total

,	y checking the box below, I am authorizing automatic portfolio rebalancing. I understand this option will remain in effect ur ife Insurance Corp. otherwise.	ntil I notify Ameritas						
	Automatic Portfolio Rebalancing quarterly based on calendar end date							
	Automatic Portfolio Rebalancing semiannually based on calendar end date							
	Automatic Portfolio Rebalancing annually based on calendar end date							
Account Rebalance								
	By checking this box, I am authorizing a one-time account rebalance of my existing account balance according to the investment allocation selected on this form.							
	LEASE NOTE: Your portfolio will be rebalanced as soon as administratively possible after receipt of this form by Ameritas Life O Box 385017, Birmingham, AL 35238-5017.	e Insurance Corp.,						
Ste	tep 5: Signature (Please sign below and return this completed form to your Employer.)							
NOTE: To help ensure you receive accurate reports that reflect the correct investment of the contributions made to the plan on your behalf, please review all reports regularly and report any discrepancy to us immediately.								
Part	articipant's Signature Social Security Number	Date						

Unless specific state language is noted below, the following general fraud notice applies.

FRAUD NOTICE

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

AR RESIDENTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CA RESIDENTS

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud if convicted of such charges in a court of law.

CO RESIDENTS

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DC, KY AND PA RESIDENTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. The general fraud notice stated above does not apply to DC or Pennsylvania residents.

FL RESIDENTS

Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or any application containing any false, incomplete, or misleading information is guilty of a felony of a third degree.

GA, KS, MD, NE, OR AND WY RESIDENTS

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

LA RESIDENTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ME AND TN RESIDENTS

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NJ RESIDENTS

Any person who includes any false or misleading information on an application for an insurance policy is subject to civil and criminal penalties.

NM RESIDENTS

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OK RESIDENTS

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

TX RESIDENTS

Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

VA RESIDENTS

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

VT RESIDENTS

Any person who knowingly, and with intent to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information may be subject to criminal or civil penalties.

WA RESIDENTS

Any person who knowingly presents fake or fraudulent claim for payment of a loss or knowingly makes a fake statement in an application for insurance may be guilty of a criminal offense under state law.