



**Participant Enrollment  
401(k) Plan**

**Hourly Employees 401(k) Thrift Plan of PCL Infrastructure Management, Inc.**

**934512-02**

**Participant Information**

Last Name		First Name		MI
Address - Number & Street				
City		State	Zip Code	
( ) ( )	( ) ( )			
Home Phone		Work Phone		

Social Security Number				
E-Mail Address				
Mo	Day	Year	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Date of Birth			<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried

Check box if you prefer to receive quarterly account statements in Spanish.

Do you have a retirement savings account with a previous employer or an IRA?  Yes  No

Would you like help consolidating your other retirement accounts into your account with Empower Retirement?\*  Yes, I would like a representative to call me at phone # \_\_\_\_\_ to review my options and assist me with the process. The best time to call is \_\_\_\_\_ to \_\_\_\_\_ A.M./P.M. (circle one - available 8:00 A.M. to 6:00 P.M. MST). \*Rollovers are subject to your Plan's provisions.

**Payroll Information**

I elect to contribute \_\_\_\_\_% (1% - 100%) per pay period of my compensation as before-tax contributions to the 401(k) Plan until such time as I revoke or amend my election.

I elect to contribute \_\_\_\_\_% (1% - 100%) per pay period of my compensation after-tax as a designated Roth contribution to the 401(k) Plan until such time as I revoke or amend my election.

Note: The total of your before-tax and Roth deferrals cannot exceed 100% or \$18,500.00. Your before-tax and Roth deferrals must be specified consistently (both as a percent). If I am 50 years of age or older and I am eligible for a catch-up contribution, I understand I may exceed this total.

I decline to make contributions to the Plan at this time.

Payroll Effective Date: \_\_\_\_\_  
Mo Day Year

Date of Hire: \_\_\_\_\_  
Mo Day Year

**To be completed by Human Resources**

Division Name \_\_\_\_\_

Division Number \_\_\_\_\_

**Investment Option Information (applies to all contributions) - Please refer to your enrollment packet for investment descriptions.**

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. I will refer to the fund's prospectus and/or disclosure documents for more information.

**See below for Participation Agreement and Required Signature**

INVESTMENT OPTION			INVESTMENT OPTION		
NAME	TICKER CODE	%	NAME	TICKER CODE	%
Great-West Lifetime 2015 Trust.....	N/A A15CTX	_____	Columbia Small Cap Index Instl.....	NMSCX NMSCX	_____
Great-West Lifetime 2020 Trust.....	N/A A20CTX	_____	Emerald Growth Institutional.....	FGROX FGROX	_____
Great-West Lifetime 2025 Trust.....	N/A A25CTX	_____	Principal SmallCap Value II Instl.....	PPVIX PPVIX	_____
Great-West Lifetime 2030 Trust.....	N/A A30CTX	_____	Columbia Mid Cap Index Instl.....	NMPAX NMPAX	_____
Great-West Lifetime 2035 Trust.....	N/A A35CTX	_____	T. Rowe Price Mid Cap Growth.....	RPMGX RPMGX	_____
Great-West Lifetime 2040 Trust.....	N/A A40CTX	_____	Wells Fargo Spec Md Cp Val I.....	WFMIX WFMIX	_____
Great-West Lifetime 2045 Trust.....	N/A A45CTX	_____	Alger Capital Appreciation Ptf I-2.....	ALVOX ALVOX	_____
Great-West Lifetime 2050 Trust.....	N/A A50CTX	_____	American Beacon Bridgeway Lg Cap Val Y.....	BWLYX BWLYX	_____
Great-West Lifetime 2055 Trust.....	N/A A55CTX	_____	Columbia Large Cap Index Instl.....	NINDX NINDX	_____
American Funds EuroPacific Gr R5.....	RERFX RERFX	_____	iShares U.S. Aggregate Bond Index K.....	WFBIX WFBIX	_____
Artisan Global Value Investor.....	ARTGX ARTGX	_____	BlackRock Total Return Instl.....	MAHQX MAHQX	_____
T. Rowe Price International Eq Index.....	PIEQX PIEQX	_____	Great-West US Govt Securities Fund Inv.....	MXGMX MXUGM	_____
T. Rowe Price Health Sciences.....	PRHSX PRHSX	_____	Key Guaranteed Portfolio Fund.....	N/A KGPF	_____
<b>MUST INDICATE WHOLE PERCENTAGES</b>					<b>=100%</b>

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

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Social Security Number

934512-02  
\_\_\_\_\_  
Number

## 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 to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

**Investment Options** - 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.

**Compliance With Plan Document and/or the Code** - I agree that my employer or Plan Administrator 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 my account has been established, I understand that I must call 1-800-338-4015 or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after my account is established 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 be only processed from the date of notification forward and not on a retroactive basis.

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**Required Signature(s)** - I have completed, understand and agree to all pages of this Participant Enrollment form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at:  
<http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

\_\_\_\_\_  
**Participant Signature**

*A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.*

\_\_\_\_\_  
**Date**

**Participant** forward to Service Provider at:

Empower Retirement  
PO Box 173764  
Denver, CO 80217-3764

**Express Address:**

8515 E. Orchard Road, Greenwood Village, CO 80111

**Phone#:** 1-800-338-4015

**Fax#:** 1-866-633-5212

**Securities offered through GWFS Equities, Inc., Member FINRA/SIPC, and/or other broker-dealers.** Retirement products and services provided by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: New York, NY, and their subsidiaries and affiliates, including GWFS and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC.