



**Participant Enrollment
401(k) Plan**

AA TRANSPORTATION, INC. 401(K) PLAN

750027-01

Participant Information Talcott Resolution Life Insurance Company is the Issuing Company

Last Name First Name MI
(The name provided MUST match the name on file with Service Provider.)

Mailing Address

City State Zip Code

() ()
Home Phone Work Phone
Mo Day Year

Date of Birth

☐ 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? ☐ 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 6 a.m. to 8 p.m. Mountain time). *Rollovers are subject to your Plan's provisions.

Payroll Information

☐ I elect to contribute _____% (0% - 100%) per pay period of my compensation as ELECTIVE DEFERRAL contributions to the 401(k) Plan until such time as I revoke or amend my election.

☐ I elect to contribute _____% (0% - 100%) per pay period of my compensation as Roth contributions to the 401(k) Plan until such time as I revoke or amend my election.

Note: The total of your before-tax deferrals cannot exceed \$23,500.00. 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

My Total Retirement Information

The My Total Retirement provided by Empower Advisory Group, LLC will automatically direct your investment elections and will rebalance your account periodically, as necessary. This election will be effective as soon as administratively feasible following receipt of your completed enrollment form and signed Advisory Services Agreement. By electing My Total Retirement, you agree to the fees associated with this service and understand the fees will be deducted from your account in accordance with the attached Advisory Services Agreement. If you prefer to make your own investment decisions and not participate in this service, simply select the Select My Own Investment Options box and enter your investment instructions in the Investment Option Information section.

My Total Retirement:

☐ By checking this box, I elect to have my account professionally managed by Empower Advisory Group, LLC until such time as I cancel my enrollment in the service.

- OR -

Select My Own Investment Options:

☐ I elect to direct my own investments.

I understand and agree that my employer and other Plan fiduciaries will not be liable for the results of my personal investment decisions. Make your investment election for future deposits in the Investment Option Information section.

Last Name

First Name

M.I.

Social Security Number

Number

Do not complete this section if you are electing to enroll in the My Total Retirement.**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 Signatures

INVESTMENT OPTION			INVESTMENT OPTION		
NAME	TICKER CODE	%	NAME	TICKER CODE	%
IndexSelect Moderate 2065 Fund CL I.....	N/A S4956R	_____	American Funds Growth Fund of Amer R6.....	N/A S1423B	_____
IndexSelect Aggressive 2035 Fund CL I.....	N/A S3801B	_____	American Funds Invmt Co of Amer R6.....	N/A S5475C	_____
IndexSelect Aggressive 2045 Fund CL I.....	N/A S9500B	_____	American Funds New Economy R6.....	N/A S8415C	_____
IndexSelect Aggressive 2055 Fund CL I.....	N/A S9411A	_____	iShares S&P 500 Index K.....	N/A S6636B	_____
IndexSelect Aggressive 2065 Fund CL I.....	N/A S4972R	_____	Franklin Growth R6.....	N/A S4384D	_____
IndexSelect Conservative 2035 Fund CL I.....	N/A S3605B	_____	JPMorgan US Equity R6.....	N/A S9082A	_____
IndexSelect Conservative 2045 Fund CL I.....	N/A S2404C	_____	MFS Core Equity R6.....	N/A S0552F	_____
IndexSelect Conservative 2055 Fund CL I.....	N/A S1851B	_____	MFS Research R6.....	N/A S9930A	_____
IndexSelect Moderate 2035 Fund CL I.....	N/A S0790B	_____	American Funds Income Fund of Amer R6.....	N/A S3749B	_____
IndexSelect Moderate 2045 Fund CL I.....	N/A S0096B	_____	American Funds American Balanced R6.....	N/A S1344C	_____
IndexSelect Moderate 2055 Fund CL I.....	N/A S0152B	_____	BlackRock Global Allocation K.....	N/A S8922B	_____
IndexSelect Conservative 2065 Fund CL I.....	N/A S4964R	_____	IndexSelect Aggressive Retire Fund CL I.....	N/A S2279C	_____
American Funds Eupac R6.....	N/A S0247B	_____	IndexSelect Conservative Ret Fund CL I.....	N/A S3484B	_____
American Funds New Perspective R6.....	N/A S1054B	_____	IndexSelect Moderate Retire Fund CL I.....	N/A S2053B	_____
iShares MSCI EAFE Intl Idx K.....	N/A S9731B	_____	iShares US Aggregate Bond Index K.....	N/A S6937B	_____
iShares Russell 2000 Small-Cap Idx K.....	N/A S1732C	_____	MFS Government Securities R6.....	N/A S5792B	_____
iShares Russell Mid-Cap Index K.....	N/A S6881B	_____	PIMCO Total Return Instl.....	N/A S1236B	_____
MFS Mid Cap Value R6.....	N/A S1191C	_____	American Funds US Government MMkt R6.....	N/A S6154C	_____
American Funds American Mutual R6.....	N/A S8916B	_____	MUST INDICATE WHOLE PERCENTAGES		
					=100%

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 - 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 Empower Advisory Group, LLC, 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 options 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 My Total Retirement, I understand that I must provide my date of birth, gender, marital status, state of residence and annual income. If any of this information is not provided, I understand that I will not be enrolled in the My Total Retirement.

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.

My Total Retirement Fee - If you elect the My Total Retirement, a quarterly fee will be assessed. If you wish to cancel your enrollment in the future please call your Plan's Voice Response System number.

Last Name

First Name

M.I.

Social Security Number

750027-01

Number

Required Signature(s) - I have completed, understand and agree to all pages of this Participant Enrollment form including the terms of the My Total Retirement Agreement.

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 Plan Administrator

Plan Administrator forward to Service Provider at:

Empower

PO Box 56025

Boston, MA 02205-6025

Express Address:

8515 E. Orchard Road, Greenwood Village, CO 80111

Phone#: 1-800-338-4015

This form can be uploaded electronically to:

Login to account at

empowermyretirement.com

Click on *Upload Documents* to submit

We will not accept hand delivered forms at Express Mail addresses.

Authorized Plan Administrator

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

Date

Print Full Name

Securities, when presented, are offered and/or distributed by Empower Financial Services, Inc. (EFSI), Member FINRA/SIPC. EFSI is an affiliate of Empower Retirement, LLC; Empower Funds, Inc.; and registered investment adviser Empower Advisory Group, LLC. This material is for informational purposes only and is not intended to provide investment, legal or tax recommendations or advice.

Effective December 31, 2020, Empower acquired the Massachusetts Mutual Life Insurance Company's (MassMutual) retirement business, which includes group insurance retirement business issued by Talcott Resolution Insurance Company (Talcott) previously purchased by MassMutual. Empower administers the business on MassMutual's behalf, with certain administrative services being performed by MassMutual and its affiliates during a temporary transition period. MML Distributors, LLC is the principal underwriter for the Talcott group insurance contracts. Empower is not affiliated with MassMutual, Talcott, or any of their respective affiliates.