



## Paycheck Contribution Election 401(k) Plan

### MOODY GARDENS, INC 401(K) RETIREMENT PLAN

746309-01

Use black or blue ink when completing this form. For questions regarding this form, visit the Web site at [empowermyretirement.com](http://empowermyretirement.com) or contact Service Provider at 1-800-338-4015.

<b>A Participant Information</b>	
<p>Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.</p> <p>Account Extension _____</p> <p>Social Security Number (Must provide all 9 digits) _____ - _____ - _____ / _____ / _____</p>	
<p>Last Name _____ First Name _____ M.I. _____ (The name provided MUST match the name on file with Service Provider.)</p>	
<b>B Payroll Election(s)</b>	
<b>Paycheck Contribution Election (Payroll Deductions)</b>	
<b>Voluntary Contributions</b>	
<p>Select One: <input type="checkbox"/> Start <input type="checkbox"/> Restart <input type="checkbox"/> Change <input type="checkbox"/> Stop</p> <p>I elect to contribute to the Plan the following percentage(s) of my eligible compensation indicated below (per pay period):</p>	
<p><input type="checkbox"/> EMPLOYEE ELECTIVE DEFERRAL Contributions _____ % (0% - 100%; Not to exceed \$24,500.00 OR \$35,750.00 if electing Age Catch-Up)</p>	
<p><input type="checkbox"/> Roth Election Contributions _____ % (0% - 100%; Not to exceed \$24,500.00 OR \$35,750.00 if electing Age Catch-Up)</p>	
<p>Date of Hire (mm/dd/yyyy) _____ / _____ / _____</p> <p>My contributions must be specified consistently (as a percent). The combination of before-tax and Roth Age 50 Catch-Up amount cannot exceed \$8,000.00 of my eligible compensation in the 2026 tax year (when added to the basic contribution amount, the aggregate maximum available is \$32,500.00 in 2026). I must be age 50 or older during this calendar year and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan. The combination of before-tax and Roth Age 60-63 Catch-Up amount cannot exceed \$11,250.00 of my eligible compensation in the 2026 tax year (when added to the basic contribution amount and the Age 50 Catch-Up amount, the aggregate maximum available is \$35,750.00 in 2026). I must be age 60 through age 63 during this calendar year, and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan. During the calendar year in which you turn age 64, you can start contributing the Age 50 Catch-Up amounts. If I stop my deferrals and/or do not defer the maximum amount during this calendar year, the Age Catch-Up amount I have elected to contribute will not be considered a Catch-Up deferral. The Catch-Up contributions will be allocated in the same manner as my regular contributions. If your FICA compensation (in Box 3 of your Form W-2) as of December 31, 2025 exceeded \$150,000.00, then all of your Age Catch-up contributions must go into Roth. If you do not wish to make age-based catch-up contributions in Roth, YOU MUST change your contribution election to zero when you reach the basic contribution amount of \$24,500.00 in 2026. Otherwise, contributions will be made as Roth and will be irreversible. If you change your contribution election to zero as directed above, you will need to make a new contribution election for the next plan year.</p>	
<b>C Signatures and Consent</b> (Signatures must be on the lines provided.)	
<b>Participant Consent</b> (Please sign on the 'Participant Signature' line below.)	
<p>My signature acknowledges that I have read, understand and agree to all pages of this form and affirms that all information that I have provided is true and correct. I also understand that:</p> <ul style="list-style-type: none"><li>Until cancelled, superseded or I cease to be an eligible employee, all election(s) shall apply to all eligible compensation allowed by the Plan paid from the effective date specified unless a different effective date is required under the terms of the Plan and cancels all previous elections.</li><li>I may change the percentage of compensation contributed as allowed under the terms of the Plan.</li><li>It is my responsibility to comply with any Internal Revenue Code deferral limits and that I may be responsible for any costs, including taxes and penalties that I may incur as a result of excess contributions.</li><li>My Plan Administrator may take any action that may be necessary to ensure that my participation is in compliance with any applicable requirement of the Plan Document and the Internal Revenue Code.</li><li>I authorize the payroll deduction as indicated on this form.</li></ul>	
<p>Any person who presents false or fraudulent information is subject to criminal and civil penalties.</p>	
<b>Participant Signature</b> _____ <b>Date (Required)</b> _____	
<p>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</p>	

Last Name

First Name

M.I.

Social Security Number

C	<b>Signatures and Consent</b> ( <i>Signatures must be on the lines provided.</i> )											
	<b>Authorized Plan Administrator Signature</b> ( <i>Please sign on the 'Authorized Plan Administrator Signature' line below.</i> )											
	I authorize the election indicated by the participant above.											
	<b>Authorized Plan Administrator Signature</b>		<b>Date (Required)</b>									
<i>A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.</i>												
<b>Print Full Name</b>												
D	<b>Mailing Instructions</b>											
	<p><b>After all signatures have been obtained, this form can be</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding-bottom: 5px;">Uploaded Electronically:</td> <td style="width: 33%; text-align: center; padding-bottom: 5px;">OR</td> <td style="width: 33%; text-align: center; padding-bottom: 5px;">Sent Regular Mail to:</td> </tr> <tr> <td>Login to account at <b>empowermyretirement.com</b></td> <td>Empower</td> <td>PO Box 56025 Boston, MA 02205-6025</td> </tr> <tr> <td>Click on Upload Documents to submit</td> <td></td> <td></td> </tr> </table> <p style="text-align: right; margin-top: -10px;">OR      <b>Sent Express Mail to:</b> Empower 8515 E. Orchard Road Greenwood Village, CO 80111</p> <p>We will not accept hand delivered forms at Express Mail addresses.</p>				Uploaded Electronically:	OR	Sent Regular Mail to:	Login to account at <b>empowermyretirement.com</b>	Empower	PO Box 56025 Boston, MA 02205-6025	Click on Upload Documents to submit	
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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.