

Fort Belknap 401(K) Profit Sharing Plan

SALARY REDUCTION/ENROLLMENT CHANGE FORM/BENEFICIARY CHANGE FORM

ENROLL ONLINE

To enroll online, go to www.abgrm.com/participants and click on "Are you a new user?". Enter the default password (WEBFBC), then your SSN. You will need to complete the enrollment steps before taking full advantage of all website features. If you have already completed and submitted a paper enrollment form, you will need to verify the information on the website for its accuracy. Otherwise, you may make your investment choices and designate your beneficiaries at that time; however, you will still need to complete Section 1 of this form and return it to your employer.

1 – PARTICIPANT INFORMATION

PARTICIPANT NAME (LAST, FIRST, M.I.)	SOCIAL SECURITY NUMBER	BIRTH DATE	HIRE DATE
HOME / MAILING ADDRESS			
Address	City	State	Zip
EMAIL ADDRESS			

I hereby authorize and direct that my Employer withhold each pay period the indicated amount from my gross compensation and deposit such amount into the 401(k) Plan. I understand that I may change, suspend and resume contributions at such times as described in the terms of the Plan and that my salary reduction participation is completely voluntary.

Pre-tax Salary Deferral Election _____ % or \$ _____	Roth Salary Deferral Election _____ % or \$ _____
I elect <u>NOT TO</u> make 401(k) contributions at this time _____	I choose to cease my payroll deductions as of the next pay period _____

2 – INVESTMENT DIRECTION (FIRST TIME ENROLLMENT ONLY)

Please invest my 401(k) salary reduction and Employer contributions as indicated until I provide other telephone voice response or Internet instructions. (Your allocation(s) must equal 100%.) This election is for first time enrollment only. All investment transfers and additional investment changes must be done on the Internet or Voice Response systems.

INVESTMENT OPTIONS

(CHTTX) ASTON/Fairpointe Mid Cap N _____ %	(CRARX) Voya Real Estate I _____ %
(DBIRX) Dreyfus Bond Market Index Basic _____ %	(FCGAX) Franklin Growth Adv _____ %
(FDRXX) Fidelity Government Cash Reserves _____ %	(FGTRX) Franklin Growth Allocation R _____ %
(FTCRX) Franklin Conservative Allocation R _____ %	(FTMRX) Franklin Moderate Allocation R _____ %
(GABSX) Gabelli Small Cap Growth AAA _____ %	(JATTX) Janus Triton T _____ %
(ODMAX) Oppenheimer Developing Markets A _____ %	(PBHAX) Prudential High-Yield A _____ %
(REREX) American Funds Europacific Growth R4 _____ %	(RFNEX) American Funds Fundamental Invs R4 _____ %
(RMFEX) American Funds American Mutual R4 _____ %	(RNPEX) American Funds New Perspective R4 _____ %
(RPBAX) T. Rowe Price Balanced _____ %	(RSNRX) RS Global Natural Resources A _____ %
(TPINX) Templeton Global Bond A _____ %	(VEIPX) Vanguard Equity-Income Inv _____ %
(VETAX) Victory Sycamore Established Value A _____ %	(VFIIK) Vanguard GNMA Inv _____ %
(VIPSX) Vanguard Inflation-Protected Secs Inv _____ %	(VISVX) Vanguard Small Cap Value Index Inv _____ %
(WAAEX) Wasatch Small Cap Growth Investor _____ %	

3 - BENEFICIARY DESIGNATION

I hereby designate the following beneficiaries for any benefit due from the Plan upon the event of my death.

Primary Beneficiary _____	SSN _____	Relationship _____
Secondary Beneficiary _____	SSN _____	Relationship _____

We suggest that you consult your tax or legal advisor regarding the Beneficiary Designation you make. This designation revokes and supersedes any and all prior designations. You may change your designation by completing a new Beneficiary Designation section of this form.

SPOUSAL WAIVER AND CONSENT (To be completed by the Participant's spouse if the Primary Beneficiary named is NOT the spouse)

I understand that, under the terms of the Plan, I am automatically entitled to receive 100% of my spouse's Plan benefits following my spouse's death and that my spouse may designate another Primary Beneficiary only with my consent. I further understand that I do not have to consent to the beneficiary designation specified, but that if I do so consent, I may not revoke my consent. My spouse may not change the beneficiary designation specified above again without obtaining my written consent. I hereby waive my right to receive any benefits under the Plan, except to the extent I am named as a beneficiary on this form. I hereby approve of and consent to the Beneficiary Designation provided above.

Spouse Signature _____ Date _____

Witness Signature _____ Date _____ (Plan Representative or notary public)

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4 - AUTHORIZATION

BY SIGNING THIS FORM, I (1) authorize the deduction from my compensation as stated above by the Plan Administrator/Trustee in order to invest my account as selected; (2) acknowledge receipt of the current prospectus for any investment(s) selected above; (3) consent to any fees as specified by the Plan or the prospectus; (4) understand that the Plan Administrator/Trustee cannot provide investment advice and that my selection of the investment options is made after examining the prospectus; and (5) the Beneficiary Designation is current and valid.

PARTICIPANT SIGNATURE _____

DATE _____