

**Alko Distributors, Inc. 401(K) Plan (356)
ENROLLMENT FORM**

I. Participant Information

Name: _____ SSN: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: ___/___/___ Date of Hire: ___/___/___

I understand that I must return a Beneficiary Designation Form and complete the investment direction section below, whether I elect to make salary deferrals or not.

II. Salary Deferral Contribution Election

- I do NOT elect to have Salary Deferral Contributions made on my behalf to the Plan. This election will not prohibit any future election on my part to have Salary Deferral Contributions made to the Plan.
- I elect to contribute _____% of my pay or \$_____ before taxes as a Salary Deferral Contribution (pre-tax) each pay period. I have received the Summary Plan Description and I understand the general requirements of the Plan. I further understand that this election will automatically apply to all future salary adjustments unless I change the election. I understand that the Employer retains the right to amend or revoke my election to limit or reduce any contributions where necessary to comply with applicable law. I have made my investment selection as shown below in Part IV.

III. Beneficiary Designation

- I have completed a Designation of Beneficiary Form and returned it to Human Resources.

IV. Investment Direction

I understand that this investment direction shall remain in force until changed and that I have the right to change the percentages indicated at my discretion.

Invest all future contributions as shown below: (must total 100%, whole % s only)

AMERICAN FUNDS CSH MGT TR R2	_____ %	LEGG MASON LTD DURATION BOND	_____ %
LEGG MASON CORE BOND	_____ %	AMERICAN FUNDS AM BALANCD R2	_____ %
LEGG MASON GROWTH TRUST	_____ %	LEGG MASON VALUE TRUST	_____ %
LEGG MASON SPECIAL INVESTMENT	_____ %	LEGG MASON OPPORTUNITY TRUST	_____ %
ROYCE PENNSYLVANIA MUTUAL	_____ %	FEDERATED MAX CAP K	_____ %
AMERICAN FUNDS AMCAP FUND R2	_____ %	AMERICAN FUNDS WASH MTUAL R2	_____ %
AMERICAN FUNDS NEW PRSPCTV R2	_____ %	AMERICAN FUNDS CAPWLD G&I R2	_____ %
AMERICAN FUNDS EUROPACIFIC R2	_____ %		

By signing below you certify that you have received a copy of the Summary Plan Description and that the information contained on this form is complete and accurate.

Participant Signature

Date

Received by Company Representative

Date