Employee #________________
Check Current Pay Status:
☐ Hourly ☐ Salary ☐ Exec

OLDCASTLE MOUNTAIN MATERIALS GROUP

401(k) Retirement Plan Enrollment Form

(Every employee must complete at least ONE enrollment form – Both Sides)

Name (First, Middle Initial, Last)		Social Security #
Street Address		Date of Birth
City	State	Zip Code

Do You Want to Participate in the 401(k) Feature?

Check a Box:

☐ **YES,** I want to participate

☐ **NO**, I do not want to participate

☐ **CHANGE % ONLY**

Please contribute a pre-tax portion of my pay to the Plan as indicated:

Specify from 1% to 80% of pay: ________

The company will match $1.00 (company maximum match is 5%) for every dollar UP TO 5% of employee total compensation.
Maximum Annual Employee Deferral is $16,500 ***OR*** $22,000 if age 50 or over at any time in **2009.** 401(k) deductions will start with the first available payroll.

How Your Account Is Invested

As a participant in our Retirement Plan, it is important that you choose how your assets are allocated among the available options below. Prudential Retirement sends confirmation of your allocation selections for your verification. **If you fail to make an INITIAL allocation choice from the investment choices listed below, your investment contributions will default to a Qualified Default Investment Alternative (QDIA) Goal Maker Fund which is based on age, moderate risk tolerance and years to retirement**. If you are an existing enrollee or making a change in your contribution amount and want to reallocate your assets – you must contact Prudential. *You may change any of your investment allocations at any time by calling Prudential's 24 hour toll-free number at 877-778-2100 OR access your account online at www.prudential.com/online/retirement.*

Asset Allocation Choices Below to Be Completed by New Enrollees Only

	Fund Name	Code	Fund Category		Fund Name	Code	Fund Category
%	Guaranteed Income Fund	XV	Fixed Fund	%	Small Cap Value / Integrity Fund	VN	Small Cap Stock Value
%	Core Plus Bond / PIMCO Fund	BO	Fixed Income-Domestic	%	Small Cap Growth / Times Sq	B5	Small Cap Stock Growth
%	Oakmark Equity & Income Fund	2P	Balanced	%	SSGA Russell 2000 Index	13	Small Cap Stock Blend
%	Dryden S&P 500 Index Fund	7D	Large Cap Stock Blend	%	American Century (R) Real Estate Fund	LQ	Specialty-Real Estate
%	Large Cap Value / LSV Asset	BM	Large Cap Stock Value	%	International Blend / Munder Capital Fund	7W	International Blend
%	Large Cap Growth Fund / Wellington	BG	Large Cap Stock Growth	%	Oppenheimer Global Fund Class A Shares	2R	Global Stock Growth
%	Mid Cap Growth / Artisan	BS	Mid Cap Stock Growth	%	SSGA EAFE Index	OX	International Stock Blend
%	Mid Cap Value / Wellington	BU	Mid Cap Stock Value	%	Templeton Growth Account Class A Shares	1Z	Global Stock Value
%	SSGA S&P Mid -Cap Fund Series A	14	Mid Cap Stock Blend				
%	**Sub-total Column #1**			%	**Sub-total Column #2**		
				%	**Total % of Columns #1 & #2 Must Equal 100%**		

If you choose to participate in Goalmaker you must do one of the following:
Complete a separate enrollment form, available from the HR Dept.,
Call Prudential at 877-778-2100, or
Enroll online at www.prudential.com/retirement/online

Approval

I certify that the information above is accurate and complete and investment allocations, if made, are according to my desires. If I have chosen to participate in the 401(k) feature, I give my employer permission to contribute a portion of my salary to the Plan according to the instructions above.

Your Signature: ________________________ **Date:** ____________

FOR EMPLOYER USE ONLY – TO BE COMPLETED FOR ALL EMPLOYEES

Is prior distribution being paid back?
☐ YES (notify Prudential) ☐ NO

For Rehires: Prior Employment From _______ To _______

Payroll Frequency:
☐ Weekly ☐ Semi-monthly
☐ Hourly ☐ Salaried

Date Received:

Hire Date: ___/___/___

Sub Plan: ☐ 000001 (Hourly)
☐ 000003 (Salary)
☐ 000006 (Exec)

Date Entered:

Eligibility Date: ___/___/___

Participation Date: ___/___/___

Plan ID: 766951

Date Faxed:

Company Authorization: ____________________ Date: ____________
I certify that this participant meets the Plan's eligibility requirements.

OLDCASTLE MOUNTAIN MATERIALS GROUP
401(k) Retirement Plan
BENEFICIARY DESIGNATION

Oldcastle Mountain Materials Group Plan (Plan ID # 766951)

General Information

- If you are married and your beneficiary is your legal spouse, you do not need to complete this section.
- If you are married and are not naming your spouse as your primary beneficiary, you must complete this form and your spouse must consent to your designation by signing this form in front of a notary public
- If you are single, you must fill out this Beneficiary Designation form.
- You must complete a new Beneficiary Designation Form if your marital status changes. If you are married and you wish to designate a primary beneficiary other than your spouse, you must also complete a new Beneficiary Designation Form upon attaining age 35 UNLESS ALL of the following four conditions are met:
  (1) Your plan provides that 100% of your account balance is payable to your spouse upon your death,
  (2) Your spouse has previously consented to your designation of any current or future non-spouse beneficiary,
  (3) You have never received a life annuity payment from the plan, AND
  (4) No portion of your account is subject to the survivor benefit rules (see plan administrator for details).
- If you are married AND designating a non-spouse beneficiary for a pre-retirement or post-retirement benefit, you may need to complete a Qualified Pre-Retirement Survivor Annuity Waiver and Spousal Consent Form.

Participant's Beneficiary Designation

Participant's Name______________________________ Participant's Social Security #____________________

List your beneficiary (or beneficiaries), and the percentage of your benefit payable to each, below. If no percentage is indicated, the beneficiaries will share equally. If any beneficiary dies before you, the remaining beneficiaries will share proportionally. If you need additional space to list beneficiaries, check this box ☐ and attach an additional sheet.

Primary Beneficiary	Relationship	Date of Birth	Phone Number	%
1			( )	100

Contingent (secondary) Beneficiary(ies) Designation in the Event of Death of Primary Beneficiary(ies)

Contingent Beneficiary	Relationship	Date of Birth	Phone Number	%
1			( )	
2				
3				
4				

Signature of Participant

I state that, as of the below date, I am ( ) married, ( ) not married. I designate as beneficiary (or beneficiaries) the person (or persons) named above. I will inform the Plan Administrator immediately of any changes in my marital status. This designation revokes any prior beneficiary designations, for this Plan, made by me.

I certify that the information above is accurate and correct.

Participant's Signature: ______________________________ **Date:** __________________