



Enrollment Form
MC Tank Transport, Inc. 401(k) Plan

Participant Information

Participant Name (First, MI, Last) Social Security Number Birth Date
Address (Number, Street, Apt No.), City, State, Zip Home Phone
Sex: Male Female
E-mail Marital Status (Married, Single, Divorced, Widowed)
Company Name Hire Date Work Phone

Enrollment Election

- I elect to have none of my salary deferred into the plan at this time.
I elect the following Pre-tax Salary Deferral: % or \$ per pay period.

Investment Elections

Elections made on this Investment Form will be used to reallocate a participant's current account balance as well as set future contributions. This form provides the option of selecting a pre-designed investment portfolio or selecting single investments.

Investment Portfolios

Select one pre-designed investment portfolio OR complete the Single Investments section below.

- Aggressive Portfolio Growth Portfolio Moderate Portfolio Conservative Portfolio Risk Averse Portfolio

Single Investments

To create a custom investment portfolio, enter the desired allocation percentages for each fund in the space provided. Investment elections must equal 100%.

% DFA EMERGING MARKETS CORE EQUITY PORTFOLIO % DFA REAL ESTATE SECURITIES
% DFA FIVE YEAR GLOBAL FIXED-INCOME % DFA TWO-YEAR GLOBAL FIXED-INCOME
% DFA INTERNATIONAL SMALL CAP VALUE % DFA U.S. LARGE CAP VALUE
% DFA INTERNATIONAL SMALL COMPANY % DFA U.S. TARGETED VALUE/I
% DFA INTERNATIONAL VALUE % DFA US LARGE COMPANY PORTFOLIO
% DFA LARGE CAP INTERNATIONAL % FIDELITY RETIREMENT MONEY MARKET
% TOTAL (election percentages must equal 100%)

Participants who do not provide investment elections will be defaulted into the Growth Portfolio. For account access and to make changes to investment elections visit www.verisightgroup.com or call Client Services at (888) 886-8256, Monday-Friday, 7:30am-5:30pm Pacific Time.

Authorization

I, the undersigned, acknowledge and consent to the enrollment elections indicated above and understand the risks of investing.

Participant Signature

Date



Investment Portfolios*

Investment portfolios are designed to help participants diversify investments across key asset categories. These portfolios can help balance risk while seeking to provide competitive returns. They also offer participants a convenient way to manage their retirement account by simply selecting one portfolio as an investment. The portfolios are designed based on risk tolerance and follow that naming convention (i.e. Highly Aggressive Portfolio being the most aggressive investment option; and the Risk Averse Portfolio being the most conservative).

Ticker	Fund Name	AGGRESSIVE PORTFOLIO Percent	GROWTH PORTFOLIO Percent	MODERATE PORTFOLIO Percent	CONSERVATIVE PORTFOLIO Percent	RISK AVERSE PORTFOLIO Percent
DFCEX	DFA EMERGING MARKETS CORE EQUITY PORTFOLIO	8	6	4	2	
DFGBX	DFA FIVE YEAR GLOBAL FIXED-INCOME	8	15	25	35	40
DISVX	DFA INTERNATIONAL SMALL CAP VALUE	2	1			
DFISX	DFA INTERNATIONAL SMALL COMPANY	2	2	2	1	
DFIVX	DFA INTERNATIONAL VALUE	6	4.5	3	1.5	
DFALX	DFA LARGE CAP INTERNATIONAL	6	4.5	3	1.5	
DFREX	DFA REAL ESTATE SECURITIES	8	6	4	2	
DFGFX	DFA TWO-YEAR GLOBAL FIXED-INCOME	8	15	25	35	40
DFLVX	DFA U.S. LARGE CAP VALUE	16	12	8	4	
DFFVX	DFA U.S. TARGETED VALUE/I	16	12	8	4	
DFUSX	DFA US LARGE COMPANY PORTFOLIO	16	12	8	4	
FRTXX	FIDELITY RETIREMENT MONEY MARKET	4	10	10	10	20
TOTAL		100	100	100	100	100

*There is no guarantee investing in any portfolio will provide adequate income at or through retirement. Investment portfolios are subject to market volatility and risks associated with the underlying investments. Risks include exposure to international and emerging markets, small company and sector equity securities, and fixed income securities subject to changes in inflation, market valuations, liquidity, prepayments, and early redemption.

Beneficiary Designation/Change Form

Plan Name:	
Participant Names:	SSN:

I. Designation of Beneficiary

Pursuant to the designation of a Beneficiary or Beneficiaries by a Plan Participant, I hereby designate the following as primary and contingent Beneficiaries of my Accumulated Benefits which will be paid by reason of my death under the provisions of the Plan. The Trustee shall pay all Accumulated Benefits under the Plan by reason of death to the primary Beneficiary(ies), and if no primary Beneficiary(ies) shall survive, then to the contingent Beneficiary(ies), and if no contingent Beneficiary(ies), survive(s), or are designated, then to the surviving spouse (if any) or to the estate of the Participant. If more than one Beneficiary is designated, such Beneficiaries share equally unless otherwise specified. The Trustee shall make payment in accordance with the most recent Beneficiary Data Sheet, which is on file with the Plan Sponsor.

Primary Beneficiary: (Note: Percentage must be equal 100%)			Additional Primary Beneficiary:		
Name	Relationship		Name	Relationship	
SSN	Date of Birth	% Share	SSN	Date of Birth	% Share
Address			Address		
City	State	Zip Code	City	State	Zip Code
Contingent Beneficiary:			Additional Contingent Beneficiary:		
Name	Relationship		Name	Relationship	
SSN	Date of Birth	% Share	SSN	Date of Birth	% Share
Address			Address		
City	State	Zip Code	City	State	Zip Code

If the primary Beneficiary of the Participant is a person other than the Participant's spouse, or if more than one primary Beneficiary is named, the spouse must indicate consent by completing Section II. If the Participant is not married or if whereabouts of the spouse are unknown, the Participant should complete Sections III.

II. Spouse's Consent

I hereby consent to the foregoing Beneficiary Designation of my spouse. Furthermore, I acknowledge that I understand that (1) the effect of my consent to this designation may be to forfeit benefits I would be entitled to receive upon my spouse's death; (2) my spouse's designations is not valid unless I consent to it; and (3) my consent is irrevocable unless my spouse revokes the above Beneficiary Designation.

Executed this _____ day of _____, _____

Witnessed by Notary Public

Spouse's Signature

III. Statement of Participant's Marital Status

Under the full penalties of State and Federal Law, I do swear that: (____) I have no living spouse; or (____) I have no knowledge of the whereabouts of my spouse.

Participant's Signature

Date

The right to revoke or change any beneficiary designation is hereby reserved. All prior beneficiary designations (if any) are hereby revoked.

Participant's Signature

Date

Executed this _____ day of _____, _____

Contact for Investment Advice



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