



Welcome to the Waller Truck Co., Inc. 401(k) Profit Sharing Plan

Enroll today!

Enrollment Form

1. Employee Information (Please Print)

Married Not Married

Social Security No.: _____ - _____ - _____

First Name _____ M.I. _____

Last Name _____

Mailing Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Date of Birth _____ Date of Hire _____

2. Contribution Amount

I elect to contribute every pay period the following percentage or amount and understand that I can request a change to this election:

A. _____.0% OR \$_____.00 Traditional 401(k) Salary Deferral Percentage/Amount on a before-tax basis.

B. _____.0% OR \$_____.00 Roth 401(k) Salary Deferral Percentage/Amount on an after-tax basis.

_____ .0% OR \$_____.00 Total Salary Deferral Amount (A + B).

Your total before-tax and after-tax contributions cannot exceed the plan's limit.

The Company may match the contributions you make to the plan during the year. The match amount is discretionary and will be determined at the end of the plan year.

3. Catch-Up Contribution

Consider making a deferral Catch-up Contribution: if you will be at least 50 years of age by year end, and will contribute the maximum permitted by the plan, or will reach the federal limit by year end (\$16,500 in 2010). The maximum deferral Catch-up Contribution is \$5,500 in 2010.

I elect to contribute:

\$_____.00 per pay period as a deferral Catch-up Contribution.

\$_____.00 as a one-time Catch-up Contribution.

I elect to stop making deferral Catch-up Contributions (except as noted below).

I do not wish to make deferral Catch-up Contributions at this time.

I will not be at least age 50 by the end of the year.

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4. Investment Mix

Please invest my *future* plan contributions as indicated.

Option A: Target Maturity Series

The Target Maturity Series are designed for you to allocate 100% of your contribution to the one investment choice that most closely matches your projected retirement date. **Select only one.**

If you selected Option A, sign and date in Section 5. Otherwise, proceed to Option B.

- | | | | |
|----|---|--------------------------|------|
| I3 | Vanguard Target Retirement 2005 Ret Opt | <input type="checkbox"/> | 100% |
| N9 | Vanguard Target Retirement 2010 Ret Opt | <input type="checkbox"/> | 100% |
| I4 | Vanguard Target Retirement 2015 Ret Opt | <input type="checkbox"/> | 100% |
| P1 | Vanguard Target Retirement 2020 Ret Opt | <input type="checkbox"/> | 100% |
| I5 | Vanguard Target Retirement 2025 Ret Opt | <input type="checkbox"/> | 100% |
| P2 | Vanguard Target Retirement 2030 Ret Opt | <input type="checkbox"/> | 100% |
| I6 | Vanguard Target Retirement 2035 Ret Opt | <input type="checkbox"/> | 100% |
| P3 | Vanguard Target Retirement 2040 Ret Opt | <input type="checkbox"/> | 100% |
| I7 | Vanguard Target Retirement 2045 Ret Opt | <input type="checkbox"/> | 100% |
| P4 | Vanguard Target Retirement 2050 Ret Opt | <input type="checkbox"/> | 100% |

Check One

Option B: Create Your Own Investment Portfolio

If you prefer to create your own investment portfolio, just select from the following available investment choices. All elections must be in whole percentages and total 100%. If you elect to join the plan and fail to make an investment election, or your elections do not equal 100%, your contribution will be invested in the Target Maturity Series that most closely matches a projected retirement at age 65.

Asset Class	Sub Asset Class	Investment Choice	% of Contribution
Cash Equivalents			
		R1 Transamerica Stable Value Advantage Option	_____0%
Bond			
	<i>Intermediate Term</i>	M2 Loomis Sayles Investment Grade Bond Ret Opt	_____0%
Hybrid			
	<i>Balanced</i>	96 Janus Balanced Inv Opt	_____0%
	<i>Target Maturity Series</i>	I3 Vanguard Target Retirement 2005 Ret Opt	_____0%
		N9 Vanguard Target Retirement 2010 Ret Opt	_____0%
		I4 Vanguard Target Retirement 2015 Ret Opt	_____0%
		P1 Vanguard Target Retirement 2020 Ret Opt	_____0%
		I5 Vanguard Target Retirement 2025 Ret Opt	_____0%
		P2 Vanguard Target Retirement 2030 Ret Opt	_____0%
		I6 Vanguard Target Retirement 2035 Ret Opt	_____0%
		P3 Vanguard Target Retirement 2040 Ret Opt	_____0%
		I7 Vanguard Target Retirement 2045 Ret Opt	_____0%
		P4 Vanguard Target Retirement 2050 Ret Opt	_____0%
Large/Mid Value Equity			
	<i>Large Cap</i>	E4 American Funds Fundamental Investors Inv Opt	_____0%
	<i>Mid Cap</i>	A1 Transamerica Partners Mid Value Ret Opt	_____0%
Large/Mid Blend Equity			
	<i>Large Cap</i>	F2 Mutual Shares Inv Opt	_____0%
Large/Mid Growth Equity			
	<i>Large Cap</i>	R4 Alger Capital Appreciation Ret Opt	_____0%
		F0 American Funds Growth Fund of America Inv Opt	_____0%



Waller Truck Co., Inc. 401(k) Profit Sharing Plan Enrollment Form

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Asset Class	Sub Asset Class	Investment Choice	% of Contribution
	<i>Mid Cap</i>	R5 Alger SMid Cap Growth Ret Opt	_____.0%
		H6 American Century Vista Inv Opt	_____.0%
Small Company Equity			
	<i>Value</i>	M9 Transamerica Small/Mid Cap Value Ret Opt	_____.0%
	<i>Blend</i>	G8 SSgA Small-Cap Index Ret Opt	_____.0%
	<i>Growth</i>	R6 Alger Small Cap Growth Ret Opt	_____.0%
International Equity			
		K4 American Funds EuroPacific Growth Ret Opt	_____.0%
		L9 Janus Overseas Ret Opt	_____.0%
		R3 Thornburg International Value Ret Opt	_____.0%
Specialty			
		P8 SSgA MSCI Emerging Markets Index Ret Opt	_____.0%
Total for all investment choices must equal 100%:			100.0%

5. Authorization and Signature

I hereby authorize payroll deduction of plan contributions in accordance with the level(s) I have indicated in Sections 2 and 3. I understand this constitutes a "cash or deferred arrangement" under section 401(k) of the Internal Revenue Code and that my contributions are subject to the withdrawal restrictions of the plan. By authorizing a payroll deduction, I understand I am electing to defer a portion of my salary to the Waller Truck Co., Inc. 401(k) Profit Sharing Plan. I understand that certain limitations are imposed on my contributions by federal law and that my contributions may be refunded to comply with these laws. I further agree that neither Waller Truck, Co., Inc., the plan trustee, nor their affiliates will be liable for any loss when acting upon my instructions believed to be genuine.

I understand I have a duty to review my pay records (pay stub, etc.) to confirm the Plan Administrator has properly implemented my contribution election(s). Furthermore, I have a duty to inform the Plan Administrator in writing if I discover any discrepancy between my pay records and the election(s) I have made in this Enrollment/Change Form. I understand I may modify my deferral rate prospectively, at the time I notify Plan Administrator in writing, consistent with the Plan terms.

EMPLOYEE SIGNATURE _____ DATE _____

PLAN ADMINISTRATOR SIGNATURE _____ DATE _____

- Important Notes**
- If you exceed IRA/plan limits (limits apply to the sum of before-tax or after-tax 401(k) contributions), the excess will be automatically recharacterized as Catch-up Contributions, up to the limit for Catch-up Contributions for the year.
 - With the exception of one-time deductions, your Catch-up Contribution election will carry over from year to year.
 - The investment mix of Catch-up Contributions will be the same as your regular before-tax contributions. The IRS/plan limits may affect the amount you can contribute to the plan each year.
 - If you are making Catch-up Contributions but do not satisfy both the age and contribution requirements, your Catch-up Contributions will be re-characterized as regular contributions at the end of the year.
 - Catch-up Contributions will be allocated in the same proportion as your total elective contribution. For example, if you have elected to contribute 6% to your traditional 401(k) account and 4% to your Roth 401(k) account, 60% of your total elective contribution will be directed into your traditional 401(k) account and 40% will be directed into your Roth 401(k) account. If you make a Catch-up Contribution of \$5,000, \$3,000 (\$5,000 x .60) of your Catch-up Contribution will go into your traditional 401(k) account and \$2,000 (\$5,000 x .40) of your Catch-up Contribution will go into your Roth 401(k) account.



Waller Truck Co., Inc. 401(k) Profit Sharing Plan

Beneficiary Form

Social Security No.: _____ - _____ - _____

You may name anyone you wish as your beneficiary. However, **if you are married and you name someone other than your spouse as beneficiary for all or part of the benefits payable, your spouse must consent to the beneficiary designation and complete Section 7.** If your spouse does not complete Section 7, your beneficiary will be your spouse, even if you designate a different beneficiary on this form. Remember that changes in marital status may affect your beneficiary designations, so be sure to keep your designation current.

Submit this completed form to your plan administrator.

6. Beneficiary Designation

I name the following individual(s) to receive my plan benefits in the event of my death in accordance with the terms of the plan. This beneficiary designation cancels and replaces all prior designations and settlement agreements which I have made under the plan. Benefits will be paid to my primary beneficiary(ies) if living. Benefits will be paid to my contingent beneficiary(ies) only if none of my primary beneficiaries are living.

Percentages below must equal 100% for Primary Beneficiary(ies).

-and-

Percentages below must also equal 100% for Contingent (Secondary) Beneficiary(ies) - if any.

Primary Plan Beneficiary(ies) - Will receive benefits in the event of your death.

Beneficiary Name(s) and Address(es)	Relationship	Date of Birth	Social Security Number	Share of Benefits (%)

Contingent Plan Beneficiary(ies) - Will receive benefits if no primary beneficiary is living at the time of your death.

Beneficiary Name(s) and Address(es)	Relationship	Date of Birth	Social Security Number	Share of Benefits (%)

NOTE: If you do not designate a percentage for your primary beneficiaries, the benefit will be equally divided among your primary beneficiaries who survive you. If no primary beneficiary survives you and you do not designate a percentage for your contingent beneficiaries, the benefit will be equally divided among your contingent beneficiaries who survive you. If no beneficiary survives you, benefits will be paid as provided under the plan.

Participant Signature _____ Date _____

Signed at (City and State) _____ Date _____

Participant Name _____

Waller Truck Co., Inc. 401(k) Profit Sharing Plan Beneficiary Form

Social Security No.: _____ - _____ - _____

7. Spousal Consent - This section must be completed if your spouse is not designated (100%) as Primary Beneficiary

I, spouse of _____, hereby consent to the designation of the beneficiary(ies) named on this form. I understand that my spouse has designated someone other than (or in addition to) myself as a beneficiary to receive benefits under this plan. I understand the financial impact of this designation. I also understand that my consent to this designation is irrevocable.

By signing below, I hereby waive all rights to the pre-retirement survivor benefit with respect to that portion of the plan benefits payable to a beneficiary other than myself.

Spouse Name _____

Spouse Signature _____ Date _____

Notary Public or Plan Representative Signature Required:

Subscribed and sworn to me before this _____ day of _____,

Signature _____

State _____ County _____



Waller Truck Co., Inc. 401(k) Profit Sharing Plan

Rollover Form

Five Simple Steps

1. Contact your plan administrator or refer to your Summary Plan Description to make sure you're eligible to roll over your plan account balance from a prior qualified retirement plan.
2. Contact your prior company and request a rollover distribution. If you have an IRA, contact your IRA investment manager and request a withdrawal. Be sure to have the distribution check made payable to **Transamerica, FBO "Reference Your Name" (e.g., Transamerica, FBO Jane Doe)** and have it sent directly to you.
3. Complete the Rollover Form below.
4. Submit the Rollover Form along with the distribution check to your plan administrator.
5. Your plan administrator will sign, date and submit the form and check to Transamerica for processing.

You must first enroll in the plan and complete a Beneficiary Designation Form.

1. Employee Information (Please Print)

Married Not Married

Social Security No.: _____ - _____ - _____

First Name _____ M.I. _____

Last Name _____

Mailing Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Date of Birth _____ Date of Hire _____

2. Previous Plan/IRA Information

Name of Prior Plan _____

Mark One:*	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	401(k)	401(a)	403(a)	403(b)	Profit Sharing	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Money Purchase	Government 457	Conduit IRA	Traditional IRA	Roth 401(k) - Direct	Roth401(k) - Indirect	

For Roth 401(k) rollovers, please complete the information below. This information should have been provided by your rollover institution.

Year of first Roth 401(k) Contribution _____

Roth Contribution Basis _____ (This is the non-taxable portion of your distribution).

*Your plan may not accept rollovers from all plan types listed above. Contact your plan administrator to make sure your rollover qualifies.

Continued on next page

Waller Truck Co., Inc. 401(k) Profit Sharing Plan Rollover Form

Social Security No.: _____ - _____ - _____

Person to Contact:

First Name _____ M.I. _____

Last Name _____

Mailing Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Phone Number _____

3. Tax Information

- All of this distribution amount would be taxable to me if I did not roll it over.
- This rollover includes after-tax contributions in the amount of \$_____. The remainder will be taxable income to me if I did not roll it over.
- No part of this rollover is a minimum required distribution.
- No part of this rollover is a hardship withdrawal.
- All of this distribution is a Roth 401(k) rollover.

4. Investment Mix

Please invest my rollover contribution of approximately \$_____ as indicated on the following % of Contribution column in whole percentage increments.

If you do not make an investment election or your elections do not equal 100%, your rollover contribution will be invested in the Target Maturity Series that most closely matches a projected retirement at age 65.

Asset Class	Sub Asset Class	Investment Choice	% of Contribution
Cash Equivalents			
		R1 Transamerica Stable Value Advantage Option	_____ .0%
Bond			
	Intermediate Term	M2 Loomis Sayles Investment Grade Bond Ret Opt	_____ .0%
Hybrid			
	Balanced	96 Janus Balanced Inv Opt	_____ .0%
	Target Maturity Series	I3 Vanguard Target Retirement 2005 Ret Opt	_____ .0%
		N9 Vanguard Target Retirement 2010 Ret Opt	_____ .0%
		I4 Vanguard Target Retirement 2015 Ret Opt	_____ .0%
		P1 Vanguard Target Retirement 2020 Ret Opt	_____ .0%
		I5 Vanguard Target Retirement 2025 Ret Opt	_____ .0%
		P2 Vanguard Target Retirement 2030 Ret Opt	_____ .0%
		I6 Vanguard Target Retirement 2035 Ret Opt	_____ .0%
		P3 Vanguard Target Retirement 2040 Ret Opt	_____ .0%
	I7 Vanguard Target Retirement 2045 Ret Opt	_____ .0%	
	P4 Vanguard Target Retirement 2050 Ret Opt	_____ .0%	

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Social Security No.: _____

Asset Class	Sub Asset Class	Investment Choice	% of Contribution
Large/Mid Value Equity			
	Large Cap	E4 American Funds Fundamental Investors Inv Opt	_____ .0%
	Mid Cap	A1 Transamerica Partners Mid Value Ret Opt	_____ .0%
Large/Mid Blend Equity			
	Large Cap	F2 Mutual Shares Inv Opt	_____ .0%
Large/Mid Growth Equity			
	Large Cap	R4 Alger Capital Appreciation Ret Opt	_____ .0%
		F0 American Funds Growth Fund of America Inv Opt	_____ .0%
	Mid Cap	R5 Alger SMid Cap Growth Ret Opt	_____ .0%
		H6 American Century Vista Inv Opt	_____ .0%
Small Company Equity			
	Value	M9 Transamerica Small/Mid Cap Value Ret Opt	_____ .0%
	Blend	G8 SSgA Small-Cap Index Ret Opt	_____ .0%
	Growth	R6 Alger Small Cap Growth Ret Opt	_____ .0%
International Equity			
		K4 American Funds EuroPacific Growth Ret Opt	_____ .0%
		L9 Janus Overseas Ret Opt	_____ .0%
		R3 Thornburg International Value Ret Opt	_____ .0%
Specialty			
		P8 SSgA MSCI Emerging Markets Index Ret Opt	_____ .0%
Total for all investment choices must equal 100%:			100 .0%

5. Employee Authorization

I wish to contribute a single sum rollover in the amount of \$ _____, which represents a distribution from another qualified retirement plan. **A check made payable to Transamerica, FBO "Reference Your Name" (e.g., Transamerica, FBO Jane Doe) is attached.** I understand the withdrawal restrictions that apply to these contributions.

Employee Signature _____ Date _____

6. Plan Administrator Authorization

I authorize these rollover funds to be deposited into the participant's account.

Plan Administrator Signature _____ Date _____

Once this form has been completed with all of the necessary information and required signatures, please forward to the Transamerica Processing Center address listed below for review and completion.

Be sure to keep a photocopy for your records.

MAIL TO:
 Processing Center: 100-G Executive Drive, Edgewood, NY 11717-8331 **Fax#:** (888) 401-8726