

Plan Name: Woods Powr-Grip Co., Inc. 401(k) Profit Sharing Plan and Trust

Plan Number: 28201

Participant's Social Security Number: _____ - _____ - _____

Participant Information

Participant Name:

Last First Middle Initial

Participant Address:

Street

City State Zip

Hire Date: _____ Birth Date: _____

I want to: (Select one) ☐ Enroll ☐ Re-Enroll ☐ Waive my right to make contributions at this time

Pretax Deferral Contribution Election

Please indicate the pretax amount or percentage you wish to defer from your salary each payroll period. If you are or will be age 50 or older by the end of the calendar year, you are permitted to defer an additional amount in excess of the limits you would otherwise be subject to. Such catch-up contributions are subject to annual limits provided under Code Section 414(v). For additional information on catch-up contributions, please check with your Employer or Investment Professional.

I elect to contribute each payroll period the following whole percentage of my eligible Compensation or the following flat dollar amount on a **PRETAX** basis: _____% or \$_____. .

(Your total pretax deferral election(s) cannot exceed 90% of your eligible Compensation for each payroll period in question. Eligible compensation under the plan is limited to the applicable dollar limit in effect under Federal law for the plan year. The total of your pretax deferral contributions for the calendar year cannot exceed the applicable dollar limit in effect under Federal law for the Plan Year.)

Note: Total contributions to the plan cannot exceed the lesser of 100% of compensation or \$40,000, as increased for Cost of Living Adjustments.

Investment Elections

I choose to invest my Account as follows:

(Indicate a whole percentage for each fund. The TOTAL of the percentages invested in all funds must equal 100%)

<u>Permissible Investment Option</u>	<u>Name</u>	<u>Investment Option No.</u>	<u>Percentage</u>
1	Fidelity Cash Management Prime Fund: Daily Money Class	0083	_____
2	Fidelity Advisor Stable Value Portfolio II	0771	_____
3	Fidelity Advisor Government Income Fund Class T	1758	_____
4	BlackRock Managed Income A	OSUD	_____
5	Fidelity Advisor Strategic Income Fund Class T	0638	_____
6	Fidelity Advisor High Income Advantage Fund Class T	0165	_____
7	PIMCO Foreign Bond R	OSKF	_____
8	Fidelity Advisor Strategic Dividend & Income Fund Class T	1324	_____
9	Fidelity Advisor Strategic Real Return Fund Class T	1489	_____
10	Fidelity Advisor Value Leaders Fund Class T	1269	_____
11	Fidelity Advisor New Insights Fund Class T	1280	_____

12	Fidelity Advisor Mid Cap Fund Class T	0531	_____
13	Fidelity Advisor Small Cap Fund Class T	0299	_____
14	Fidelity Advisor Diversified International Fund Class T	0735	_____
15	Fidelity Advisor International Capital Appreciation Fund Class T	0292	_____
16	Fidelity Advisor Financial Services Fund Class T	0193	_____
17	Fidelity Advisor Health Care Fund Class T	0191	_____
18	Fidelity Advisor Energy Fund Class T	0166	_____
19	Fidelity Advisor Technology Fund Class T	0192	_____
20	Fidelity Advisor Freedom 2010 Class T	1187	_____
21	Fidelity Advisor Freedom 2020 Class T	1192	_____
22	Fidelity Advisor Freedom 2030 Class T	1197	_____
23	Fidelity Advisor Freedom 2040 Class T	1203	_____
24	Fidelity Advisor Freedom Income Fund Class T	1208	_____
25	Fidelity Advisor Freedom 2005 Class T	1294	_____
26	Fidelity Advisor Freedom 2015 Class T	1299	_____
27	Fidelity Advisor Freedom 2025 Class T	1305	_____
28	Fidelity Advisor Freedom 2035 Class T	1310	_____
29	Fidelity Advisor Freedom 2045 Class T	1603	_____
30	Fidelity Advisor Freedom 2050 Class T	1608	_____
Total		100%	

Signatures

I understand that my contribution election(s) will become effective on the first payroll period that my Employer can reasonably process it/them and that my contribution election(s) will continue in effect until I change or revoke it/them or terminate my employment. I hereby certify that the above Participant information is true, accurate and complete, and I authorize my Employer to reduce my eligible Compensation by the amount or percentage(s) indicated in the Pretax Deferral and/or After-tax Employee Contribution Election section(s) above and to make such contribution(s) to the Plan on my behalf. I understand that my Plan permits catch-up contributions and if I am age 50 or older during the calendar year, any amounts in excess of otherwise applicable limits shall be treated as a catch-up contribution to the extent permitted under Code Section 414(v). I understand that I have the right to obtain prospectus(es) for more information about the Plan's investment options by contacting Fidelity at 1-800-294-4015.

I understand that the investment elections indicated above will apply to all contributions (except rollover contributions) on my behalf to this Plan and these investment elections will continue in effect until I change them.

PARTICIPANT _____ *DATE* _____

As Plan Administrator I hereby acknowledge receipt of this form.

PLAN ADMINISTRATOR
*PRINT NAME** _____

PLAN ADMINISTRATOR
*SIGNATURE** _____ *DATE* _____

* Note: The Plan Administrator should both print and sign their name in the spaces given.

Note: The Plan Administrator must provide certain information on this form to Fidelity in an acceptable media before any contributions can be made on behalf of this Participant.

For Plan Administrator Use Only

Participation Date: _____

Vesting Date: _____

Years of Service: _____

Division: _____

Employee No.: _____

Form Completion Checklist (For Plan Sponsor Use Only)

- | | |
|---|--|
| <input type="checkbox"/> Participant's social security number | <input type="checkbox"/> Participant signature |
| <input type="checkbox"/> Investment elections (whole percentages totaling 100%) | <input type="checkbox"/> Plan Administrator printed name |
| <input type="checkbox"/> Deferral election present | <input type="checkbox"/> Plan Administrator signature |

{/form1}