

ENROLLMENT AND INVESTMENT ELECTION FORM

FULLSTACK INC. 401(K) PLAN

YOUR INFORMATION

Participant Name:	SSN:	Effective Date:	<input type="checkbox"/> Original	<input type="checkbox"/> Updated
Birth Date:	Marital Status:			
	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced, effective date			
Street Address:				
City, State, Zip:	Email Address:			
Home Phone:	Evening Phone:			
Company/WorkSite Employer:	Date of Hire:			

YOUR CONTRIBUTIONS

It's easy to get started! Enroll in your company's retirement plan by specifying the amount you would like to contribute in the boxes below. The total amount you can contribute in 2022 may not exceed \$20,500.00 (an additional \$6,500.00 may be contributed if you are over 50 years old and are eligible for catch-up contributions). If you are a Key or Highly Compensated Employee, federal regulations may limit your contributions further.

Sign me up now!

Pre-Tax: Enroll me in my company's retirement plan and deduct _____% or \$_____ per pay period on a pre-tax basis.

Roth: Enroll me in my company's retirement plan and deduct _____% or \$_____ per pay period on an after-tax basis.

I do not wish to participate at this time.

YOUR INVESTMENTS

Your contributions will be invested in the Plan's Qualified Default Investment Alternative (QDIA) unless you select your own investment elections by going online at MyPlanConnection.com, calling 800.878.5220, or by selecting investment options on the reverse side of this form. For more information about the Plan's QDIA, see the Where to Invest insert or review the Plan's QDIA Notice included in your enrollment kit.

YOUR SIGNATURE

Signature	Printed Name	Date
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By signing this form I authorize (1) My employer to deduct from my compensation the amount stated above; (2) My Trustee(s)/Plan Administrator/BlueStar Retirement Services to invest my contributions in the Plan's QDIA or as instructed on the reverse side; (3) My Trustee(s)/Plan Administrator/BlueStar Retirement Services to redeem from my account balance the recordkeeping fee and any other applicable per-participant, portfolio model, and other fees; and (4) My Trustee(s)/Plan Administrator/BlueStar Retirement Services to pay all sums payable by reason of my death to my named beneficiary(ies). By signing this form I acknowledge and agree that (1) I have read the prospectus of any fund in which I invest and that it is my responsibility to read the prospectus(es) of any fund into which I exchange and agree to the terms; (2) I am fully and completely responsible for making sure that the amount of my contributions for any calendar year does not exceed the legal limit under the Internal Revenue Code and that my employer has no duty or obligation to do that for me, but that my employer has the right to reduce the contributions I have elected to make or stop them entirely if my employer determines that the legal limit has been or will be reached; (3) My Trustee(s)/Plan Administrator/BlueStar Retirement Services shall not be responsible for any investments made contrary to this form unless notified of such contrary investment within 10 days after my receipt of the account statement reflecting such contrary investment; and (4) Withdrawals prior to retirement at age 59½ from a qualified retirement plan are limited by federal law and that such withdrawals will be subject to a distribution fee. I certify under penalties of perjury that my Social Security number specified above is correct.

RETURN FORM TO: BlueStar Retirement Services, P.O. Box 2349, Ponte Vedra, FL 32004 or FAX: 800.260.4066

YOUR INVESTMENT ELECTIONS

Complete this section only if you wish to affirmatively elect your own investment elections. If you do not make a selection, your contributions will be invested in the Plan's Qualified Default Investment Alternative as explained in the Plan's QDIA Notice.

INVESTMENT OPTION NAME - TICKER	PERCENT	INVESTMENT OPTION NAME - TICKER	PERCENT
TARGET DATE FUNDS			
Vanguard Target Retirement 2020 Fund-VTWNX	_____%	Vanguard Target Retirement 2025 Fund-VTTVX	_____%
Vanguard Target Retirement 2030 Fund-VTHRX	_____%	Vanguard Target Retirement 2035 Fund-VTTHX	_____%
Vanguard Target Retirement 2040 Fund-VFORX	_____%	Vanguard Target Retirement 2045 Fund-VTIVX	_____%
Vanguard Target Retirement 2050 Fund-VFIFX	_____%	Vanguard Target Retirement 2055 Fund-VFFVX	_____%
Vanguard Target Retirement 2060 Fund-VTTSX	_____%	Vanguard Target Retirement 2065 Fund-VLXVX	_____%
Vanguard Target Retirement Income Fund-VTINX	_____%		
PORTFOLIO MODELS			
Invst ETF Fixed Income	_____%	Invst ETF Conservative	_____%
Invst ETF Moderate	_____%	Invst ETF Growth	_____%
Invst ETF Aggressive	_____%	Invst ETF Equity	_____%
INVESTMENT OPTIONS			
American Funds New Perspective Fund (R6)-RNPGX	_____%	Invesco QQQ Trust-QQQ	_____%
iShares 20+ Year Treasury Bond ETF-TLT	_____%	iShares 7-10 Year Treasury Bond ETF-IEF	_____%
iShares Russell 2000 ETF-IWM	_____%	iShares Russell Top 200 Growth ETF-IWY	_____%
Morgan Stanley Institutional International Advantage Fund (I)-MFAIX	_____%	PIMCO Investment Grade Corporate Bond Index ETF-CORP	_____%
Schwab Bank Savings-RBS1CSBS	_____%	Schwab Emerging Markets Equity ETF-SCHE	_____%
Schwab International Equity ETF-SCHF	_____%	Schwab U.S. Large-Cap Growth ETF-SCHG	_____%
SPDR S&P 500 ETF-SPY	_____%	Vanguard Equity Income Fund (Adm)-VEIRX	_____%
Vanguard High Dividend Yield ETF-VYM	_____%	Vanguard Information Technology ETF-VGT	_____%
Vanguard Mid Cap ETF-VO	_____%	Vanguard Real Estate Index ETF-VNQ	_____%
Vanguard Small Cap Growth ETF-VBK	_____%	Vanguard Small-Cap Value ETF-VBR	_____%
Vanguard Total International Bond Index ETF-BNDX	_____%	Vanguard Value ETF-VTV	_____%

YOUR BENEFICIARIES

You may designate your beneficiaries below. The total percentage must total 100%. **If you are married and your spouse is not designated as your sole primary beneficiary, then notarized consent by your spouse is required.**

Beneficiary Name	SSN	Birth Date	Relationship to Participant	Percentage
				_____%
				_____%
				_____%

NOTARIZED CONSENT BY SPOUSE: I, the undersigned, being the lawful spouse of the above named Participant, do hereby consent to the beneficiaries designated by my spouse in this instrument. I understand that if this consent is in effect at the time of my spouse's death, I have waived any right I might then have to any benefit under the Plan payable due to spouse's death, except to the extent that my spouse may name me specifically as a beneficiary herein. This consent and waiver is my free and voluntary act. I understand that my consent is irrevocable unless my spouse revokes the above beneficiary designation.

Signature (spouse) _____ Printed Name _____ Date _____

TO BE COMPLETED BY THE NOTARY PUBLIC:

Notary Public Stamp

Sworn before me this day: _____ In the State of: _____ County of: _____

Notary Public Signature: _____ My commission Expires: _____

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