



ASTRID CONTRACT TECHNICAL SERVICES, INC. 401(K) PLAN

Principal Life Insurance Company

P O Box 2000
Mason City, IA 50402-2000

Enrollment Form

Contract Number 7-07071

Location Number _____ CTD01321

Instructions - Follow the five steps below to complete the form. (Please print)

Step 1 - Personal Information

Name (Last) _____ (First) _____ (Middle Initial) _____		<input type="checkbox"/> Male	Marital Status <input type="checkbox"/> Single	
		<input type="checkbox"/> Female	<input type="checkbox"/> Married	
Address (Street) _____ (City, State, Zip) _____			Phone Number _____ () - _____	
Email Address _____			If you have been rehired, complete these dates:	
Social Security Number _____ - _____	Date of Birth _____ / _____ / _____	Date of Original Employment _____ / _____ / _____	Date of Termination _____ / _____ / _____	Date of Rehire _____ / _____ / _____

Step 2 - Percentage Contributions

Defer _____% (0% to 100%) of my current and future salary per pay period (enter 0 here if you choose not to defer).
This agreement applies to amounts earned until changed by me in writing. I understand my plan sponsor may reduce my deferral only when required to meet certain plan limits.

Step 3 - Rollover Funds (Complete if you would like to consolidate your retirement funds)

Yes! Tell me how The Principal can help me benefit from rolling over my retirement investments. Please call me at (____) _____ - _____ to discuss my options. The best time to call is ____am ____pm. My estimated rollover balance is _____.
If I want to learn about rollover opportunities now, I will call The Principal at 1-800-547-7754.

Step 4 - Investment Options

- Your investment election will be effective when it is received in our Corporate Center.
- If no investment election is received, or contributions are received prior to your investment election, contributions will be directed according to the provision of the plan or contract, as appropriate.
- Show the percentage of contributions you want directed to each investment. All of your contributions made to this plan, including rollover contributions, will be invested using the percentages below. You may transfer your contributions or change investment election as allowed by the plan.

Please choose from one of the options below and complete the required information.

Option 1: Principal LifeTime Separate Accounts

Please read the Principal LifeTime article (PQ3515/A) to learn more about Principal LifeTime Portfolios. Principal LifeTime Portfolios are designed with the idea that you invest solely in one investment option, that most closely matches your approximate retirement timeline. If you make an investment election under both Option 1 and Option 2, the total of all percentages must equal 100%.

Principal LifeTime Strat Income Sep Acct	<input type="checkbox"/> 100%	<input type="checkbox"/> _____%
Principal LifeTime 2010 Sep Acct	<input type="checkbox"/> 100%	<input type="checkbox"/> _____%
Principal LifeTime 2020 Sep Acct	<input type="checkbox"/> 100%	<input type="checkbox"/> _____%
Principal LifeTime 2030 Sep Acct	<input type="checkbox"/> 100%	<input type="checkbox"/> _____%
Principal LifeTime 2040 Sep Acct	<input type="checkbox"/> 100%	<input type="checkbox"/> _____%
Principal LifeTime 2050 Sep Acct	<input type="checkbox"/> 100%	<input type="checkbox"/> _____%

Option 2: Customized Choices

	New Contributions
Short-Term Fixed Income	
Morley Financial Services, Inc	
Stable Value Sig Fund	_____ %
Fixed Income	
Principal Global Investors	
Bond and Mortgage Sep Acct	_____ %

Principal Global Investors		
High Qual Interm-Term Bond Sep Acct	_____	%
Principal Real Estate Inv		
U.S. Property Sep Acct	_____	%
Balanced/Asset Allocation		
Prin Mgmt Corp/Prin Global Inv		
Principal LifeTime Strategic Income Separate Account	_____	%
Prin Mgmt Corp/Prin Global Inv		
Principal LifeTime 2010 Separate Account	_____	%
Prin Mgmt Corp/Prin Global Inv		
Principal LifeTime 2020 Separate Account	_____	%
Prin Mgmt Corp/Prin Global Inv		
Principal LifeTime 2030 Separate Account	_____	%
Prin Mgmt Corp/Prin Global Inv		
Principal LifeTime 2040 Separate Account	_____	%
Prin Mgmt Corp/Prin Global Inv		
Principal LifeTime 2050 Separate Account	_____	%
Large U.S. Equity		
AllianceBernstein / Westwood		
LargeCap Value III Separate Account	_____	%
Columbus Circle Investors		
LargeCap Growth Separate Account	_____	%
Principal Global Investors		
Total Market Stock Index Sep Acct	_____	%
Small/Mid U.S. Equity		
Goldman Sachs/LA Capital Mgmt		
MidCap Value I Separate Account	_____	%
Jacobs Levy/MacKay Shields		
MidCap Growth II Separate Account	_____	%
JP Morgan/Mellon Capital Mgmt		
SmallCap Value I Separate Account	_____	%
Principal Global Investors		
MidCap S&P 400 Index Separate Account	_____	%
Principal Global Investors		
SmallCap S&P 600 Index Separate Account	_____	%
Principal Real Estate Inv		
Real Estate Securities Sep Acct	_____	%
UBS/Emerald/Essex		
SmallCap Growth II Separate Account	_____	%
International Equity		
Principal Global Investors		
International Growth Separate Account	_____	%
TOTAL		100%

Step 5 - Signature (Please sign below after you have completed this form)

NOTE: To help ensure you receive accurate reports that reflect the correct investment of the contributions made to the plan on your behalf, please review all reports regularly and report any discrepancy to us immediately.

Participant Signature	Date
X	

For more information about this investment option, including its full name, please visit The Principal Retirement Service Center @ at www.principal.com or call 1-800-547-7754 for assistance from a retirement specialist.

Before investing in mutual funds, investors should carefully consider the investment objectives, risks, charges and expenses of the funds. This and other information is contained in the free prospectus, which can be obtained from your local representative. Please read the prospectus carefully before investing.

Insurance products and plan administrative services are provided by Principal Life Insurance Company. If applicable, Access Funds are mutual funds offered through Prncor Financial Services Corporation, 1-800-247-4123, member SIPC. Prncor and Principal Life are members of The Principal Financial Group, Des Moines, IA 50392.



ASTRID CONTRACT TECHNICAL SERVICES, INC. 401(K) PLAN

Retirement Plan Beneficiary Designation Without QPSA Requirement

Contract Number 7-07071
Location Number : _____

CTD01304

Personal Information (Please print or type with black ink)

Last Name	First Name	Middle Initial	Social Security Number
Phone Number: ()		E-mail:	

Beneficiary Designation Choices (MUST CHOOSE OPTION 1, 2, OR 3)

MUST CHECK ONE BOX

- 1. Married with Spouse as Sole Beneficiary (Spouse's signature is not required)**
I am **Married** and designate my spouse named **below** to receive all death benefits from the plan.
- 2. Single Participants (including widowed, divorced, or legally separated)**
I am **Not Married** and designate the individual(s) named **below** to receive death benefits from the plan. I understand if I marry, this designation is void one year after my marriage (some plans specify a shorter period).
Note: If changing your beneficiary due to a legal separation or divorce, then you must attach a copy of the court decree.
- 3. Married with Spouse NOT as Sole Primary Beneficiary (Spouse's signature REQUIRED)**
I am **Married** and designate the individual(s) named **below** to receive death benefits in accordance with the plan provisions.
Note: If you are married and do not name your spouse as the Sole Primary Beneficiary, your spouse must sign the consent below. The signature must be witnessed by a Plan Representative or Notary Public. If you are younger than age 35, your spouse must again consent to this in writing at the start of the plan year in which you reach age 35 for this designation to remain effect.
 (Check if applicable) I certify that my spouse cannot be located to sign this consent. I will notify the plan sponsor if my spouse is located. **Note: If your spouse cannot be located, check this box and have it witnessed by the Plan Representative. It must be established to the satisfaction of the Plan Representative that your spouse cannot be located.**

I certify that it has been established to my satisfaction that spousal consent cannot be obtained because your spouse cannot be located.	Plan Representative's Signature X	Date / /
Notice to Spouse: <input type="checkbox"/> By checking this box, I agree only to the beneficiary designation on this form. My spouse cannot change the beneficiary without my consent.	Spouse's Signature (must be witnessed by Plan Representative or Notary Public) X	Date / /
The spouse appeared before me and signed the consent on / /	Plan Representative or Notary Public Signature X	Date / /

MUST COMPLETE BENEFICIARY DESIGNATION

Before completing, please read the information on the back of this form for direction and examples.
Note: Unless otherwise provided, if two or more beneficiaries are named, the proceeds shall be paid to the named beneficiaries, or to the survivor or survivors, in equal shares.

Name [Primary Beneficiary (s)]	Date of Birth	Relationship	Soc. Sec. No.	Address	Percent

If Primary Beneficiary is not living, pay death benefits to:

Name [Contingent Beneficiary(s)]	Date of Birth	Relationship	Soc. Sec. No.	Address	Percent

Please retain a copy for your records

Name Change

Change my name: From _____ to _____ Date Changed: ____/____/____
 Reason: Married Divorce - Will need to attach divorce decree. Other (reason): _____

Participant Signature

This designation revokes all prior designations made under the plan.

Participant's Signature (Required)	Date	Received and filed by Principal Life Ins.
X	/ /	Date Received

UNDER THE PENALTIES OF PERJURY, I certify by my signature that all of the information on this Beneficiary Designation form is true, current and complete.

Beneficiary Designation Direction

Read carefully before completing this form

To be sure death benefits are paid as you want them, follow these guidelines:

- Use Choice (1)** if you are married and want all death benefits from the Plan paid to your spouse. Your spouse does not have to sign the form.
- Use Choice (2)** if you are not married
- Use Choice (3)** If you are married and want death benefits paid to someone other than your spouse, in addition to your spouse or to a Trust or Estate, **your spouse must sign the spouse's consent on this form.** That signature must be witnessed by a Plan Representative or Notary Public.

You may name one or more contingent beneficiaries. In most circumstances, your contingent beneficiary(ies) will only receive a death benefit if the primary beneficiary predeceases you and the death benefit has not been paid in full.

Be sure you sign and date the form. Keep a copy of this form for your records. Return the original to your plan sponsor. If you do not date the form, the designation will become effective the day received by your plan sponsor or Principal Life Insurance Company, depending upon plan provisions.

If your marital status changes, review your beneficiary designation to be sure it meets these requirements. If your name changes, complete the name change sections of this form.

Sample Beneficiary Designations

Be sure to use given names such as "Mary M Doe", not "Mrs. John Doe" and include the address and relationship of the beneficiary or — beneficiaries to the participant. The following designations may be helpful to you:

	Name	Relationship	Soc. Sec. No.	Address	Amount or Percent
One Primary Beneficiary	Mary M. Doe	Sister	XXX-XX-XXXX	XXXXXXXXXXXX	100%
Two Primary Beneficiaries	Jane J. Doe John J Doe or to the survivor	Mother Father	XXX-XX-XXXX XXX-XX-XXXX	XXXXXXXXXXXX XXXXXXXXXXXX	50% 50%
One Primary Beneficiary and One Contingent	Jane J Doe if living; otherwise to John J Doe	Wife Son	XXX-XX-XXXX XXX-XX-XXXX	XXXXXXXXXXXX XXXXXXXXXXXX	100% 100%
Estate	My Estate				100%
Trust	ABC Bank and Trust Co.	Trustee or successor in trust under (Trust Name) established (Date of Trust Agreement)		XXXXXXXXXXXX	100%
Testamentary Trust (Trust established within the participant's will)	John J Doe/ ABC Bank	Trust created by the Last Will and Testament of the participant		XXXXXXXXXXXX	100%
Children and Grandchildren (if Beneficiary is a minor, use sample wording shown below.)	John J Doe Jane J. Doe William J Doe	Son Daughter Son	XXX-XX-XXXX XXX-XX-XXXX XXX-XX-XXXX	XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX	33.3% 33.3% 33.4%
	Provided that if any of my children predeceases me, the surviving children of any such child shall receive in equal portions the share their parent would have received, if living. If no child of a deceased child survives, the share of that child of mine shall go to the survivor or survivors of my children, equally.				
Minor Children (Custodian for Minor)	John J. Doe, son and Jane J. Does, daughter, equally, or to the survivor. However, if any proceeds become payable to a beneficiary who is a minor as defined in the Iowa Uniform Transfers to Minors Act (UTMA), such proceeds shall be paid to Frank Doe, as custodian for John Doe under the Iowa UTMA and Frank Doe, as custodian for Jane Doe under the Iowa UTMA.				