Steffes Financial, Ltd.

Retirement Plan Enrollment Forms

Pleas	Please complete the attached and return to Human Resources.						
1.	Designation of Salary Reduction						
2.	Designation of Beneficiary						
3.	Investment Options Election Form						
4.	Please confirm your investment election in 30 days at www.ktradeonline.com Please call Chris Stakley or Gerald Steffes at 913-722-1111 if any discrepancies.						
For office use only							
Date							
Date	Received from employee						
	Salary deferral entered into payroll system						
	Copy investment election sent to DeMars Pension						

STEFFES FINANCIAL, LTD.

PROFIT SHARING 401(k) PLAN

DESIGNATION OF SALARY REDUCTION

As a participant in the STEFFES FINANCIAL, LTD. PROFIT SHARING 401(k) PLAN, I understand that I am allowed the option to defer a portion of my salary or income. If I elect to defer my salary or income, it will be placed in my account in the STEFFES FINANCIAL, LTD. PROFIT SHARING 401(k) PLAN, and will be invested at my direction. I will be 100% vested at all times in this account and will be eligible to receive this amount pursuant to the document after my termination of employment, along with any other benefits to which I may be entitled. I hereby elect the following salary reduction:

Regular 401(k) Deferrals (pre-tax)	Roth 401(k) Deferrals (after-tax)			
☐ I elect to defer% of my salary or income.	☐ I elect to defer% of my salary or income.			
I elect to defer \$ (lump-sum amount) salary or income	I elect to defer \$ (lump-sum of my amount) of my salary or income.			
☐ I elect to defer the maximum amount allowed under IRS regulations.	☐ I elect to defer the maximum amount allowed under IRS regulations.			
☐ I elect not to defer any salary or income.	☐ I elect not to defer any salary or income.			
This election is effective	(insert date).			
NOTE: THE PARTICIPANT CANNOT MAKE A COPLAN.	ONTRIBUTION BY WRITING A PERSONAL CHECK TO THE			
•	in effect until changed in writing. My initial salary deferral may increase or decrease my salary deferral designation at any			
Print Name	Home Address			
Social Security Number	City, State, Zip			
Date	Signature of Participant			

DESIGNATION OF BENEFICIARY

To the Trustee of the <u>STEFFES FINANCIA</u>	AL, LTD. PROFIT SHARING 401(k) PLAN ("Plan"):
Re:	, Participant
	itting the designation of a beneficiary or beneficiaries by a participant, I hereby as primary and secondary beneficiaries of my Accrued Benefit under the Plan
Primary Beneficiary	y(ies) [include address, date of birth and relationship]:
Contingent Beneficia	ry(ies) [include address, date of birth and relationship]:
	CHANGE ANY BENEFICIARY DESIGNATION. I HEREBY REVOKE ALL PRIOR FICIARIES AND CONTINGENT BENEFICIARIES.
me, and if no primary beneficiary survives i	r the Plan by reason of my death to the primary beneficiary, if he or she survives me, then to the contingent beneficiary, and if no named beneficiary survives me, ordance with the Plan's death beneficiary provisions.
MARITAL STATUS: Under full penalty of	f state and federal law, I do swear:
☐ I have no living spouse. ☐	I have no knowledge of the whereabouts of my spouse.
I am married: My spouse's name is	;
Birthday / / ; Social	Security Number
Date of this Designation	Signature of Participant
SS# of Participant	Address of Participant

NOTE: IF YOU ARE MARRIED, SEE THE REVERSE SIDE OF THIS FORM FOR APPLICABLE SPOUSAL CONSENT REQUIREMENTS.

NOTE: THE DESIGNATION OF BENEFICIARY IS INVALID WITHOUT THE CONSENT OF YOUR SPOUSE UNLESS YOUR SPOUSE IS THE SOLE BENEFICIARY, OR, UNDER A PRIOR BENEFICIARY DESIGNATION, YOUR SPOUSE WAIVED THE RIGHT TO CONSENT TO ANY CHANGE IN THE BENEFICIARY DESIGNATION.

CONSENT OF SPOUSE

I, the undersigned spouse of the Participant named in the foregoing "Designation of Beneficiary," hereby certify I have read the Designation of Beneficiary and fully understand the property subject to the designation is my spouse's accrued benefit under the Plan, in which I possess a beneficial interest, provided I survive my spouse. Being fully satisfied with the provisions of the designation, I hereby consent to and accept the beneficiary designation, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the designation. If my spouse changes the designation [Choose (a) or (b)]:

(a) I understand I must file a simil	lar consent to the new	designation, or my	consent is no longer effective	·•
(b) I waive my right to withhold consent to the specific beneficia	my consent to that chary designated on the	nange in designatio reverse side of this	n. I understand I have the r form by checking box (a).	ight to limit my
I have executed this consent this	day of		, 20	
	Signature	of spouse of particip	pant	
Signature of spouse witnessed this	day of	, 20	, in the presence of:	
	or	, P	lan Representative	
STATE OF(ss. COUNTY OF(
BEFORE ME, the undersigned, a Notar Spouse as a free and voluntary act.	ry Public, personally ap	ppeared	who executed the a	above Consent of
IN WITNESS WHEREOF, I have signe	ed my name and affixed	my official notarial	seal this day	
of,	20			
(SEAL)				
		Notary Pub	lic	
		My commi	ssion expires:	