

ENROLLMENT AND INVESTMENT ELECTION FORM

SUNSTONE ORGANICS, LLC 401K PLAN

Your Information

Effective Date:	<input type="checkbox"/> Original Election	<input type="checkbox"/> Updated Election
Participant Name:	SSN:	Birth Date:
Street Address:	Mobile Number:	
City, State, Zip:	Phone Number:	
Email Address:	Employment Date:	
Company/WorkSite Employer:		

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 2021 may not exceed \$19,500.00 (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.

I Elect to Participate in the Salary Deferral and/or Roth 401(k) option of the Plan

Regular 401(k) Deferral Elections - I elect to defer 10% 8% 6% 4% 2% ___% or \$ _____ per pay period

Roth 401(k) Deferral Election - I elect to contribute 10% 8% 6% 4% 2% ___% or \$ _____ per pay period

I understand the amount of deferrals I have elected in this Roth 401(k) Deferral election section will NOT reduce my current compensation and will be included in my income for the taxable year of the deferral.

Election Not to Participate in the 401(k) Deferral options of the Plan.

I hereby elect not to participate in the 401(k) Deferral options of the Plan. I understand the Plan Provisions governing my future eligibility under the plan.

I understand I am eligible to participate in the Plan and acknowledge that I have received a Summary of the Plan Provisions. A copy of the Plan document is on file in the Company's business office and is available to me during normal business hours for review and copying at my expense. I understand the Plan provisions governing my future eligibility under the plan.

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 www.rsgweb.com, or by selecting investment options on this form. For more information about the Plan's QDIA, please contact your Employer.

YOUR SIGNATURE

I understand any change of election regarding the amount of deferrals, is effective only for deferrals from my pay only after the Plan Administrator accepts my change of election. I understand I have a duty to review my pay records (pay stubs, etc.) to confirm the employer has implemented my salary reduction election as per this agreement. Also, I have a duty to inform the plan administrator if I discover any discrepancy between my pay records and this salary reduction agreement. I understand that my failure to report any discrepancy may result in a loss of or reduction in my ability to defer.

Signature _____ Printed Name _____ Date _____



RETIREMENT STRATEGIES GROUP

800 West Commerce Road, Suite 105
New Orleans, LA 70123

Phone: 504.712.0005
Fax: 504712.0004

RSGweb.com

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.

Section A - Fund Selections

ASSET CLASS	INVESTMENT OPTION NAME	TICKER	PERCENT
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The following are other Funds you may select available to your plan.

US Fund Money Market - Taxable	Fidelity Government Money Market	FZAXX	____%
US Fund Intermediate-Term Bond	iShares Core US Aggregate Bond ETF	AGG	____%
US Fund Allocation--50% to 70% Equity	Vanguard Balanced Index	VBIAX	____%
US Fund Large Blend	iShares Core S&P 500	IVV	____%
US Fund Small Blend	iShares Russell 2000 ETF	IWM	____%
US Fund Real Estate	Vanguard Real Estate ETF	VNQ	____%
US Fund Commodities Broad Basket	DWS Enhanced Commodity Strategy R6	SKRRX	____%
US Fund Foreign Large Blend	iShares Core MSCI EAFE ETF	IEFA	____%
US Fund Diversified Emerging Mkts	iShares Core MSCI Emerging Markets ETF	IEMG	____%

Models

Sunstone Conservative	442	____%
Sunstone Moderate	443	____%
Sunstone Growth	444	____%
Sunstone Aggressive Growth	445	____%
Sunstone Ultra Conservative	441	____%

****The amounts listed should equal 100%

TOTAL _____%***

Signature _____ Printed Name _____ Date _____

CONSENT

If you are currently married and have named any primary beneficiary other than your spouse, the following consent must be signed by your spouse and witnessed by a plan representative or a notary public. If your marital status changes, that may automatically change your beneficiary designation under the terms of the Plan and you should file a new beneficiary designation form.

I consent to the beneficiary designation above: _____
Signature of Participant's Spouse Date

This instrument was signed before me on _____, _____
Date Plan Representative or Notary Public

SIGNATURE

I understand that the beneficiary designation will remain in force until I request a change in accordance with the provisions of the Plan.

Employee Signature _____ Printed Name _____ Date _____

***** (Plan Sponsor: Keep this completed form in employee's personnel file.) *****

