

Participant Enrollment

G & W Equipment, Inc. 401(k) Profit Sharing Plan and Trust

1351893-01

Participant Information

Last Name	First Name	MI	Social Security Number		
(The name provided MUST match the name on file with Service Center.)					
Mailing Address			E-Mail Address		
City	State	Zip Code	Mo	Day	Year
()			Date of Birth		
Daytime Phone			<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Married <input type="checkbox"/> Unmarried		

Investment Option Information (applies to all contributions) - Please refer to the Participation Agreement later in this form or your communication materials for information regarding each investment option.

I understand that funds may impose redemption fees and/or transfer restrictions on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

INVESTMENT OPTION

NAME	TICKER	CODE	%
AB Discovery Value R.....	ABSRX.....	ABSRX	_____
AB Large Cap Growth R.....	ABPRX.....	ABPRX	_____
Davis NY Venture R.....	NYVRX.....	NYVRX	_____
Federated Hermes Kaufmann Fund R.....	KAUFX.....	KAUFX	_____
Franklin Growth R.....	FGSRX.....	FGSRX	_____
JHancock Fundamental Large Cap Core R1.....	JLCRX.....	JLCRX	_____
ClearBridge Aggressive Growth R.....	LMPRX.....	LMPRX	_____
Invesco Oppenheimer Global Opp R.....	OGINX.....	OGINX	_____
Royce Total Return R.....	RTRRX.....	RTRRX	_____
T. Rowe Price Blue Chip Gr R.....	RRBGX.....	RRBGX	_____
Franklin Mutual U.S. Value R.....	FBSRX.....	FBSRX	_____
Templeton Foreign Fund - R.....	TEFRX.....	TEFRX	_____
Templeton Growth R.....	TEGRX.....	TEGRX	_____
Franklin Income R.....	FISRX.....	FISRX	_____
American Funds American Balanced R2E.....	RAMHX.....	RAMHX	_____
Invesco Equity & Income R.....	ACESX.....	ACESX	_____
Columbia Convertible Securities R.....	CVBRX.....	CVBRX	_____
Columbia Strategic Income R.....	CSNRX.....	CSNRX	_____
INVESCO Short Term Bond R.....	STBRX.....	STBRX	_____
Western Asset Core Bond R.....	WABRX.....	WABRX	_____
American Funds US Govt Money Market R2E.....	RBEXX.....	RBEXX	_____
American Funds 2010 Trgt Date Retire R2E.....	RBEAX.....	RBEAX	_____
American Funds 2015 Trgt Date Retire R2E.....	RBEJX.....	RBEJX	_____
American Funds 2020 Trgt Date Retire R2E.....	RBEHX.....	RBEHX	_____
American Funds 2025 Trgt Date Retire R2E.....	RBEDX.....	RBEDX	_____
American Funds 2030 Trgt Date Retire R2E.....	RBEEEX.....	RBEEEX	_____
American Funds 2035 Trgt Date Retire R2E.....	RBEFX.....	RBEFX	_____
American Funds 2040 Trgt Date Retire R2E.....	RBEKX.....	RBEKX	_____
American Funds 2045 Trgt Date Retire R2E.....	RBHHX.....	RBHHX	_____
American Funds 2050 Trgt Date Retire R2E.....	RBHEX.....	RBHEX	_____
American Funds 2055 Trgt Date Retire R2E.....	RBEMX.....	RBEMX	_____
American Funds 2060 Target Date Ret R2E.....	RBENX.....	RBENX	_____

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American Funds 2065 Target Date Fund R2E..... **RBE0X**..... **RBE0X**
MUST INDICATE WHOLE PERCENTAGES = 100%

See last page for Participation Agreement and the Required Signature

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on direct rollovers and/or distributions. I understand that I must contact the Plan Administrator to determine when and/or under what circumstances I am eligible to receive distributions or make direct rollovers.

Investment Options - I understand that by signing and submitting this Participant Enrollment form for processing, I am requesting to have investment options established under the Plan as specified on the first page of this form. I understand and agree that this account is subject to the terms of the Plan Document. I understand and acknowledge that all payments and account values, when based on the experience of the investment options, may not be guaranteed and may fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I acknowledge that investment option information, including prospectuses and/or disclosure documents, have been made available to me and I understand the risks of investing.

Plan Fees - I understand that fees may apply under this Plan.

Compliance with Plan Document and/or the Code - I agree that my Employer or Plan Administrator may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Plan Administrator prior to the receipt of any deposits, I specifically consent to Service Center retaining all monies received and allocating them to the default investment option selected by the Plan. If no default investment option is selected, funds will be returned to the payor as required by law. Once my account has been established, I understand that I must call the toll-free number or access the Web site in order to transfer monies from the default investment option. Also, I understand all contributions received after my account is established will be applied to the investment options I have most recently selected.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Center of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Required Signature

My signature acknowledges that I have read, understand and agree to the terms of this Participant Enrollment form.

_____		_____
Participant Signature		Date

Participant forward to Plan Administrator

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.