

**Participant Enrollment
401(k) Plan**

Mister Car Wash 401k Retirement Plan

943928-01

Participant Information

Last Name		First Name		MI
Mailing Address				
City		State	Zip Code	
()	()			
Home Phone		Work Phone		

Social Security Number				
E-Mail Address				
Mo	Day	Year	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Date of Birth			<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried

Check box if you prefer to receive quarterly account statements in Spanish.

Do you have a retirement savings account with a previous employer or an IRA? Yes No

Would you like help consolidating your other retirement accounts into your account with Empower Retirement? * Yes, I would like a representative to call me at phone # _____ to review my options and assist me with the process. The best time to call is _____ to _____ A.M./P.M. (circle one - available 8:00 A.M. to 6:00 P.M. MST). *Rollovers are subject to your Plan's provisions.

Payroll Information

I elect to contribute _____% (1% - 100%) per pay period of my compensation as before-tax contributions to the 401(k) Plan until such time as I revoke or amend my election.

Note: The total of your before-tax deferrals cannot exceed 100% or \$18,000.00. If I am 50 years of age or older and I am eligible for a catch-up contribution, I understand I may exceed this total.

I decline to make contributions to the Plan at this time.

Payroll Effective Date: / /
Mo Day Year

Date of Hire: / /
Mo Day Year

Age 50 Catch-Up Election

I elect to contribute _____% per pay period of my compensation as before-tax contributions to the 401(k) Plan as additional Age 50 Catch-Up of my eligible compensation.

The total before-tax Age 50 Catch-Up amount cannot exceed \$6,000.00 of my eligible compensation in the 2016 tax year. I must be age 50 or older during this calendar year and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan. If I stop my deferrals and/or do not defer the maximum amount during this calendar year, the Age 50 Catch-Up amount I have elected to contribute will not be considered a Catch-Up deferral. The Catch-Up contributions will be allocated in the same manner as my regular contributions.

To be completed by Human Resources

Division Name _____

Division Number _____

Investment Option Information (applies to all contributions) - Please refer to your enrollment packet for investment descriptions.

I understand that funds may impose redemption fees 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.

See below for Participation Agreement and Required Signatures

<u>Investment Option Name</u>	<u>Investment Option Code</u> (Internal Use Only)	<u>Investment Option Name</u>	<u>Investment Option Code</u> (Internal Use Only)
Vanguard Target Retirement Income Inv.....	VTINX _____%	Victory Trivalent Int'l Small-Cap R6.....	MSSIX _____%
Vanguard Target Retirement 2010 Inv.....	VTENX _____%	Franklin Small Cap Value R6.....	FRSCV6 _____%
Vanguard Target Retirement 2015 Inv.....	VTXVX _____%	Voya SmallCap Opportunities I.....	NSPIX _____%
Vanguard Target Retirement 2020 Inv.....	VTWNX _____%	Vanguard Small Cap Value Index Admiral.....	VSIAX _____%
Vanguard Target Retirement 2025 Inv.....	VTTVX _____%	Vanguard Extended Market Idx Adm.....	VEXAX _____%
Vanguard Target Retirement 2030 Inv.....	VTHR X _____%	Alger Capital Appreciation Instl I.....	ALARX _____%
Vanguard Target Retirement 2035 Inv.....	VTTTHX _____%	Columbia Dividend Opportunity Y.....	CDOYX _____%
Vanguard Target Retirement 2040 Inv.....	VFORX _____%	Vanguard 500 Index Admiral.....	VFIAX _____%
Vanguard Target Retirement 2045 Inv.....	VTIVX _____%	Principal Diversified Real Asset Inst.....	PDRDX _____%

Last Name

First Name

M.I.

Social Security Number

Number

Investment Option Name

Investment Option Code
(Internal Use Only)

Investment Option Name

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Vanguard Target Retirement 2050 Inv.....	VFIFX _____ %	BlackRock Strategic Income Opps Instl.....	BSIIX _____ %
Vanguard Target Retirement 2055 Inv.....	VFFVX _____ %	PACE Mort-Backed Sec Fixed Inc Invest Y.....	PFXYX _____ %
Vanguard Target Retirement 2060 Inv.....	VTTSX _____ %	PIMCO Total Return Instl.....	PTTRX _____ %
American Funds Capital World G/I R6.....	RWIGX _____ %	Key Guaranteed Portfolio Fund.....	KGPF _____ %
American Funds EuroPacific Gr R6.....	REGRX _____ %	MUST INDICATE WHOLE PERCENTAGES	=100%

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers 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 transfers.

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 in the Investment Option Information section. 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, disclosure documents and Fund Profile sheets, have been made available to me and I understand the risks of investing.

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 Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider 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 1-800-338-4015 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 Provider of an error after this 90 days, the correction will be only processed from the date of notification forward and not on a retroactive basis.

Required Signature(s) - I have completed, understand and agree to all pages of this Participant Enrollment form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at:
<http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>.

Participant Signature

Date

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

Participant forward to Plan Administrator/Trustee
Plan Administrator forward to Service Provider at:
Empower Retirement
PO Box 173764
Denver, CO 80217-3764

Authorized Plan Administrator/Trustee

Date

Express Address:
8515 E. Orchard Road, Greenwood Village, CO 80111
Phone#: 1-800-338-4015
Fax#: 1-866-633-5212

Core securities, when offered, are offered through GWFS Equities, Inc. and/or other broker dealers.

GWFS Equities, Inc., Member FINRA/SIPC, is a wholly owned subsidiary of Great-West Life & Annuity Insurance Company.

Empower Retirement refers to the products and services offered in the retirement markets by Great-West Life & Annuity Insurance Company (GWL&A), Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: NY, NY; and their subsidiaries and affiliates. The trademarks, logos, service marks, and design elements used are owned by their respective owners and are used by permission.