

**Incoming Direct Rollover
401(k) Plan**

Mister Car Wash 401k Retirement Plan

943928-01

Participant Information

Last Name			First Name			MI			Social Security Number										
Address - Number & Street												E-Mail Address							
City				State		Zip Code				Mo		Day		Year		<input type="checkbox"/> Female		<input type="checkbox"/> Male	
()				()		()				Date of Birth		<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried					
Home Phone						Work Phone													

To be Completed by Human Resources

Division Name _____ **Division Number** _____

Direct Rollover Information

Current Plan Administrator must authorize by signing in the Required Signatures section.

I am choosing a:

- Direct Rollover, as allowed by your Plan, from a qualified:
 - 401(a) Plan
 - 401(k) Plan
 - Governmental 457(b) Plan
 - 403(b) Plan
- Direct Rollover from a Traditional IRA, as allowed by your Plan (Non-deductible contributions/basis may not be rolled over)

Previous Provider Information:

Company Name _____ Account Number _____

Mailing Address _____

City/State/Zip Code _____ Phone Number () _____

Amount of Direct Rollover: \$ _____ (Enter approximate amount if exact amount is not known.)

Investment Option Information - Please refer to your communication materials for investment option designations.

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.

Select either existing ongoing allocations (A) or your own investment options (B).

(A) Existing Ongoing Allocations

- I wish to allocate this rollover the same as my existing ongoing allocations.

(B) Select Your Own Investment Options

Please Note: For automatic dollar-cost averaging, call Client Service Department or access our Web site.

<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 _____%

Last Name

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M.I.

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Number

Investment Option Name

Investment Option Code
(Internal Use Only)

Vanguard Target Retirement 2030 Inv.....	VTHRX	_____ %
Vanguard Target Retirement 2035 Inv.....	VTTHX	_____ %
Vanguard Target Retirement 2040 Inv.....	VFORX	_____ %
Vanguard Target Retirement 2045 Inv.....	VTIVX	_____ %
Vanguard Target Retirement 2050 Inv.....	VFIFX	_____ %
Vanguard Target Retirement 2055 Inv.....	VFFVX	_____ %
Vanguard Target Retirement 2060 Inv.....	VTTSX	_____ %
American Funds Capital World G/I R6.....	RWIGX	_____ %
American Funds EuroPacific Gr R6.....	RERGX	_____ %

Investment Option Name

Investment Option Code
(Internal Use Only)

Alger Capital Appreciation Instl I.....	ALARX	_____ %
Columbia Dividend Opportunity Y.....	CDOYX	_____ %
Vanguard 500 Index Admiral.....	VFIAX	_____ %
Principal Diversified Real Asset Inst.....	PDRDX	_____ %
BlackRock Strategic Income Opps Instl.....	BSIIX	_____ %
PACE Mort-Backed Sec Fixed Inc Invest Y.....	PFXYX	_____ %
PIMCO Total Return Instl.....	PTTRX	_____ %
Key Guaranteed Portfolio Fund.....	KGPF	_____ %
MUST INDICATE WHOLE PERCENTAGES		= 100%

Participation Agreement

General Information - I understand that only certain types of distributions are eligible for rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am rolling are in fact eligible for such treatment. I authorize these funds to be transferred into my employer's Plan and to be invested according to the information specified in the Investment Option Information section. I understand and agree that this account is subject to the terms of the Plan Document.

If the investment option information is missing or incomplete, I authorize Service Provider to allocate the direct rollover assets ("assets") the same as my ongoing contributions (if I have an account established) or to the default investment option selected by my Plan (if I do not have an investment election on file). If no default investment option is selected by my Plan, the funds will be returned to the payor as required by law. If additional assets from the same provider are received more than 180 calendar days after Service Provider receives this Incoming Direct Rollover form (this "form"), I authorize Service Provider to allocate all monies received the same as my ongoing allocation election on file with Service Provider. I understand I must call the Voice Response System at 1-800-338-4015 or access Web site at www.empower-retirement.com/participant in order to make changes or transfer monies from the default investment option. If my initial rollover assets are received more than 1 year after Service Provider receives and approves this Incoming Direct Rollover form, I understand Service Provider will require the submission of a new form for approval. I understand that this completed form must be received by Service Provider at the address provided on this form.

I understand that the current Custodian/Provider may require that I furnish additional information before processing the transaction requested on this form, and Service Provider is not responsible for determining the status of any transaction that I have requested. It is entirely my responsibility to provide the current Custodian/Provider with any information that they may require, and/or to notify Service Provider of any information that the current Custodian/Provider may wish to obtain in order to effect the transaction.

Withdrawal Restrictions - I understand that the Internal Revenue 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/Trustee, if applicable, to determine when and/or under what circumstances I am eligible to receive distributions or make direct rollovers.

Investment Options - 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.

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 only be processed from the date of notification forward and not on a retroactive basis.

Payment Instructions

Make check payable to:
Great-West Trust Company, LLC

Include the following information on the check:
Participant Name, Social Security Number,
Plan Number, Plan Name

Wire instructions:
Account of: Great-West Trust Company, LLC

Bank: US Bank
Account no: 103656586049
Routing transit no: 102000021

Attention: Financial Control
Reference: Participant Name, Social Security Number,
Plan Number, Plan Name

Regular mail address for the check and form (if mailed together):
Great-West Trust Company, LLC
Attn: 401K Operations
Dept # 1148
Denver, CO 80256-1148

Overnight mail address for the check and form (if mailed together):
US Bank
10035 East 40th Avenue Suite 100
Dept 1148
Denver, CO 80238
Contact: Empower Retirement
Phone#: 1-800-338-4015

If sending the "form" only, please fax to 1-866-633-5212 or follow mailing instructions above. **Funds received will not be invested unless accompanied by a completed Incoming Direct Rollover form. Funds will be invested on the day that both a completed Incoming Direct Rollover form and funds are received prior to market close.**

Last Name

First Name

M.I.

Social Security Number

943928-01

Number

Required Signatures - My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Direct Rollover form. I affirm that all information provided is true and correct. 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

Participant forward to Plan Administrator/Trustee
Plan Administrator forward or fax as shown above in the
Payment Instructions section

I acknowledge and agree that the Plan Administrator/Trustee for the Previous Employer's plan is released from and the Plan Administrator/Trustee for the Current Employer's Plan shall assume all obligations associated with any amounts transferred under this Incoming Direct Rollover form.

**Authorized Plan Administrator/Trustee Signature
For Current Employer's Plan**

Date

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.