

Plan Name: S.W. Rodgers Co., Inc. 401(k)/Profit Sharing Plan

Plan Number: 10124

Participant's Social Security Number: _____ - _____ - _____

Participant Information

Participant Name: _____
Last First Middle Initial

Participant Address: _____
Street

City State Zip

Hire Date: _____ Birth Date: _____

I want to: (Select one) Enroll Re-Enroll Waive my right to make contributions at this time

Pretax Deferral Contribution Election

Please indicate the pretax percentage you wish to defer from your salary each payroll period. If you are or will be age 50 or older by the end of the calendar year, you are permitted to defer an additional amount in excess of the limits you would otherwise be subject to. Such catch-up contributions are subject to annual limits provided under Code Section 414(v). For additional information on catch-up contributions, please check with your Employer or Investment Professional.

I elect to contribute each payroll period the following whole percentage of my eligible Compensation on a **PRETAX** basis: _____%.

(Your total pretax deferral election(s) cannot exceed 60% of your eligible Compensation for each payroll period in question. Eligible compensation under the plan is limited to the applicable dollar limit in effect under Federal law for the plan year. The total of your pretax deferral contributions for the calendar year cannot exceed the applicable dollar limit in effect under Federal law for the Plan Year.)

Note: Total contributions to the plan cannot exceed the lesser of 100% of compensation or \$45,000*, as increased for Cost of Living Adjustments.

*2007 contribution limit

Investment Elections

I choose to invest my Account as follows:

(Indicate a whole percentage for each fund. The TOTAL of the percentages invested in all funds must equal 100%)

<u>Permissible Investment Option</u>	<u>Name</u>	<u>Investment Option No.</u>	<u>Percentage</u>
1	Fidelity Cash Management Prime Fund: Daily Money Class	0083	_____
2	Fidelity Advisor Stable Value Portfolio II	0771	_____
3	Fidelity Advisor Government Income Fund Class T	1758	_____
4	Allianz NFJ Dividend Value Fund Class A	OKMY	_____
5	Evergreen Special Values Fund Class A	OQWO	_____
6	Dreyfus S&P 500 Index Fund	OFYP	_____
7	T Rowe Price Growth Stock R	OSNF	_____
8	Fidelity Advisor Mid Cap Fund Class T	0531	_____
9	Fidelity Advisor Small Cap Fund Class T	0299	_____
10	Columbia International Value Fund A	OMAP	_____
11	Fidelity Advisor Freedom 2010 Class T	1187	_____

12	Fidelity Advisor Freedom 2020 Class T	1192	_____
13	Fidelity Advisor Freedom 2030 Class T	1197	_____
14	Fidelity Advisor Freedom 2040 Class T	1203	_____
15	Fidelity Advisor Freedom Income Fund Class T	1208	_____
16	Fidelity Advisor Freedom 2005 Class T	1294	_____
17	Fidelity Advisor Freedom 2015 Class T	1299	_____
18	Fidelity Advisor Freedom 2025 Class T	1305	_____
19	Fidelity Advisor Freedom 2035 Class T	1310	_____
20	Fidelity Advisor Freedom 2045 Class T	1603	_____
21	Fidelity Advisor Freedom 2050 Class T	1608	_____
	Total		100%

Signatures

I understand that my contribution election(s) will become effective on the first payroll period that my Employer can reasonably process it/them and that my contribution election(s) will continue in effect until I change or revoke it/them or terminate my employment. I hereby certify that the above Participant information is true, accurate and complete, and I authorize my Employer to reduce my eligible Compensation by the percentage(s) indicated in the Pretax Deferral and/or After-tax Employee Contribution Election section(s) above and to make such contribution(s) to the Plan on my behalf. I understand that my Plan permits catch-up contributions and if I am age 50 or older during the calendar year, any amounts in excess of otherwise applicable limits shall be treated as a catch-up contribution to the extent permitted under Code Section 414(v). I understand that I have the right to obtain prospectus(es) for more information about the Plan's investment options by contacting Fidelity at 1-800-294-4015.

I understand that the investment elections indicated above will apply to all contributions (except rollover contributions) on my behalf to this Plan and these investment elections will continue in effect until I change them.

PARTICIPANT _____ *DATE* _____

As Plan Administrator I hereby acknowledge receipt of this form.

PLAN ADMINISTRATOR
*PRINT NAME** _____

PLAN ADMINISTRATOR
*SIGNATURE** _____ *DATE* _____

* Note: The Plan Administrator should both print and sign their name in the spaces given.

Note: The Plan Administrator must provide certain information on this form to Fidelity in an acceptable media before any contributions can be made on behalf of this Participant.

For Plan Administrator Use Only

Participation Date: _____ Vesting Date: _____
 Years of Service: _____ Division: _____
 Employee No.: _____

Form Completion Checklist (For Plan Sponsor Use Only)

- Participant's social security number
- Participant signature
- Investment elections (whole percentages totaling 100%)
- Plan Administrator printed name
- Deferral election present
- Plan Administrator signature

{/form1}