

RETIREMENT: *Building Your Future*

Start Exploring

Online Enrollment



Enrolling Online is Easy!

Welcome to Retirement Plan Consultants!
We look forward to working with you.

LET'S GET STARTED!

To Enroll Online, please visit
<https://www.yourplanaccess.net/retirementplanconsultants>

Select **Online Enrollment**

Enter the following password: **ALTASKI**

and click **NEXT**

Follow the **Guided Steps** to enroll in your Retirement Plan.

Please contact us with any enrollment questions.
admin@retirementplanconsultants.net
1-877-800-1114

**ALTA SKI LIFTS COMPANY RETIREMENT PLAN
PLAN HIGHLIGHTS**

IMPORTANT: *This is a summary of the plan features. For full details, please refer to the Summary Plan Description.*

Eligibility	
Excluded Employees:	The following employees are excluded from the Plan: <ul style="list-style-type: none"> • Employees covered by a collective bargaining agreement • Non-resident aliens
Elective Deferral Contributions and Safe Harbor Matching Contributions:	You must meet the following criteria to be eligible to make Elective Deferral Contributions and receive Safe Harbor Matching Contributions <ul style="list-style-type: none"> • You must attain age 21 • You must complete Completion of one Year of Service - Must satisfy 90 Ski school days or 780 hours of service.
Enrollment Periods	
Elective Deferral Contributions and Safe Harbor Matching Contributions:	On the first day of each plan quarter coincident with or next following the time you meet the eligibility criteria specified above.
Contributions	
Elective Deferral:	You may elect to defer up to 100% of your Compensation on a pre-tax basis. You may also elect to make Roth contributions to the Plan on an after-tax basis. You may elect to change your elections to contribute to the Plan as of each pay period. Federal law also limits the amount you may elect to defer under the Plan (\$19,000 in 2019). However, if you are age 50 or over, you may defer an additional amount up to \$6,000 (in 2019).
Matching Contributions:	The Company will make a Matching Contribution on your behalf in an amount equal to 100% of your contributions that are not in excess of 4% of your Compensation.
Rollovers:	The Plan may accept a Rollover Contribution made on behalf of All employees of the Company. If you have money in a non-Roth account you may rollover/transfer the account balance to a Roth (after-tax) account under this plan. Please see the Summary Plan Description for more details regarding rollovers/transfers.
Vesting	
Fully Vested Accounts:	You will have a fully vested and nonforfeitable interest in your Elective Deferral Account, Rollover Contribution Account, Qualified Nonelective Contribution Account and Safe Harbor Matching Contribution Account.
Investing Plan Contributions	
Investments:	<p>You may direct the investment of all of your Accounts in one or more of the available Investment Funds. Your elections will be subject to such rules and limitations as the Plan Administrator may prescribe. The Plan Administrator may restrict investment transfers to the extent required to comply with applicable law.</p> <p>The Plan is intended to constitute a plan described in section 404(c) of ERISA. This means that Plan</p>

	fiduciaries may be relieved of liability for any of your losses that are the result of your investment elections.
Distributions	
Distributions from the plan:	<p>You may receive a distribution from your account under the following circumstances:</p> <ul style="list-style-type: none"> After your employment terminates and 60 days after Termination Normal Retirement Age (even if you are still working) Hardship After age 59.5 From the Rollover Contribution Account at any time Death Disability
Contact Information	
<p>Plan Administrator:</p> <ul style="list-style-type: none"> Plan Administrative Committee Address: PO Box 8007, Alta, UT 84092 Phone number: 801-799-2355 Fax number: 801-742-2600 Email: kristinam@alta.com <p>Financial Advisor Contact Information:</p> <ul style="list-style-type: none"> Name: Daren Dearden Address: 623 E Fort Union Blvd, Salt Lake City, Utah 84047 Phone number: 801-810-7805 Email: ddearden@northcapital.com 	
<p><i>Note: These plan highlights are intended to be a very concise overview of plan features. For a detailed description of plan features, please review the Summary Plan Description or contact the Plan Administrator for more information. The plan features described in these plan highlights are subject to change and in the event of a discrepancy between the legal plan document and these highlights (or any other summary of plan features), the plan document shall control.</i></p>	

Plan Account Rollover/Exchange Request Form

Complete this form to Rollover/Exchange funds into your employer's retirement plan. Please note that money received as a Rollover/Exchange will be invested into your account in accordance with your investment instructions in effect at this time. The completed form, including the employer/administrator signatures should be mailed to the address on the bottom of the form for processing as the resigning Insurance Company/Custodian may only accept original signatures. Please contact your employer or the resigning Insurance Company/Custodian for additional forms or other requirements prior to submitting this form.

NOTE A recent account statement must accompany this request. This request cannot be processed without it.

STEP 1- PARTICIPANT INFORMATION

Employer/ Plan Name		Social Security Number	
First Name	MI	Last Name	
Address (No PO Boxes Please)		City, State and Zip	
Email	Work Phone	Home Phone	

STEP 2- CURRENT ACCOUNT & ROLLOVER/EXCHANGE INFORMATION

The assets rolled over or exchanged into this plan result from a distribution/rollover/exchange from a

<input type="checkbox"/> IRA (pre-tax contributions)	<input type="checkbox"/> 401(k) Qualified Plan (pre-tax contributions)	<input type="checkbox"/> Governmental 457 Plan	<input type="checkbox"/> 403(b) (pre-tax contributions)
<input type="checkbox"/> SEP or SAR-SEP	<input type="checkbox"/> 403(b) ROTH* - Date first funded: _____	<input type="checkbox"/> 401(k) ROTH* - Date first funded: _____	
<input type="checkbox"/> Simple IRA - Date first funded: _____	<input type="checkbox"/> Other: _____		

***Note: Please check with your plan administrator, as not all plans permit ROTH rollovers.**

Name of Insurance Company or Present Custodian (where funds are held)	Account Number	Phone Number
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STEP 3- ROLLOVER/EXCHANGE INSTRUCTIONS (Instructions to the current insurance company or custodian)

By this Agreement, I direct the Insurance Company/Custodian to Rollover the cash surrender value/asset value of my contract/ custodial account as indicated below:

<input type="checkbox"/> Liquidate and rollover the entire cash value/asset value of my annuity contract/custodial account.	
<input type="checkbox"/> In kind transfer into my existing custodial account.	(Transfer-in-kind may be subject to fund availability. This option is only available if the account value is \$100,000 or greater.)
<input type="checkbox"/> \$ _____ of the cash surrender value/asset value of my annuity contract/custodial account.	

RPC to Complete – Make Checks Payable to :

Mail Checks to: Retirement Plan Consultants, 125 S. 4th Street, Norfolk, NE 68701

STEP 4- SIGNATURES & ACCEPTANCE

I wish to Rollover the above-mentioned account/contract to Plan Account with the above-mentioned company serving as custodian. I understand that I may deposit only retirement funds that are allowed under my current employer's plan. I have verified with my current employer that these funds can be deposited according to plan provisions. By signing below I declare this information correct.

<div> <div>Participant Signature</div> <div>Date (month day year)</div> </div>	<div> <div>(STAMP AND TITLE)</div> <div>Date (month day year)</div> </div>
<div> <div>Authorized Signature</div> <div>Date (month day year)</div> </div>	

Fax this form to 402.379.3818 or mail to RPC LLC, PO Box 1264, Norfolk, NE 68702 or upload securely here: <https://spaces.hightail.com/uplink/rpc>.
Questions? Call Client Services at 877.800.1114, M – F, 8am – 5pm CST.

Plan Account Rollover/Exchange Request Form

STEP 4- SIGNATURES & ACCEPTANCE (continued)

Based on the information above this rollover contribution is acceptable according to the plan provisions. The Custodian named on the prior page is hereby directed to accept this rollover contribution.



Plan Administrator, Plan Trustee or Authorized Signer Name (Please Print)



Plan Administrator, Plan Trustee or Authorized Signer Signature

Title

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Date (month | day | year)

Asset Allocation Questionnaire

Successful investors adhere to a disciplined investing process. To determine which investment process is appropriate for you and your retirement plan assets, answer the following questions regarding your time horizon, risk tolerance, and investment objectives. The result will lead you to an asset allocation strategy that may be appropriate for your particular financial needs and objectives.

Diversification through asset allocation attempts to balance the level of risk with which you are comfortable and the level of return you would like to receive.

NOTE: Diversification does not guarantee against a loss, and there is no guarantee that a diversified portfolio will outperform a non-diversified portfolio. This is designed as a basic guide and does not substitute discussing your situation with the plan's financial advisor. No reliance on this questionnaire should be made.

Question 1

When do you expect to begin withdrawing money from your investment account?

- A. Less than 1 year
- B. 1 to 2 years
- C. 3 to 4 years
- D. 5 to 7 years
- E. 8 to 10 years
- F. 11 or more years

Score (please circle one)

- A. 0
- B. 1
- C. 3
- D. 7
- E. 9
- F. 11

Question 2

Once you begin withdrawing money from your investment account, how long do you expect the withdrawals to last?

- A. I plan to take a lump sum distribution
- B. 1 to 4 years
- C. 5 to 7 years
- D. 8 to 10 years
- E. 11 years or more

Score (please circle one)

- A. 0
- B. 2
- C. 4
- D. 5
- E. 6

Question 3

Historically, investors who have received high long-term average returns have experienced greater fluctuations in their account values than investors in more conservative investments. Considering the above, which statement best describes your investment objectives?

- A. Protect the value of my account
- B. Keep risk to a minimum
- C. Balance risk and return
- D. Maximize long-term investment returns

Score (please circle one)

- A. 0
- B. 5
- C. 10
- D. 15

Question 4

Suppose you owned a well-diversified portfolio that declined 20% in a short period of time in a volatile market environment. Assuming you still have 10 years until you begin taking withdrawals, what, if any, action would you take?

- A. I would not change my portfolio
- B. I would wait at least a year
- C. I would wait at least three months
- D. I would make a change immediately

Score (please circle one)

- A. 15
- B. 10
- C. 5
- D. 0

Question 5

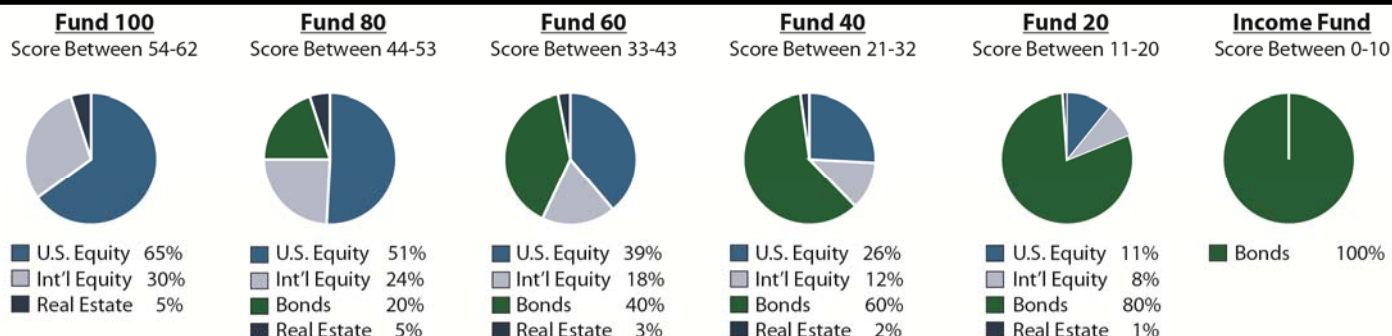
How do you feel about this statement- I am comfortable with investments that may frequently experience large declines in value if there is a potential for higher return?

- A. Strongly agree
- B. Agree
- C. Disagree
- D. Strongly disagree

Score (please circle one)

- A. 15
- B. 10
- C. 5
- D. 0

Total Score: _____





Online Enrollment

Visit <https://www.yourplanaccess.net/retirementplanconsultants/>

English / Español

Online Enrollment

Username *

Password *

[Forgot Username or Password?](#)

Participant ▼

☐ Save Username

LOGIN

Click on the **Online Enrollment** option on the top left.

Type the password provided to you by your Plan Sponsor and click **Next**.

Back English / Español

Online Enrollment

Enter the Plan Password provided to you by your Employer, Advisor or RPC. *

Note: The password is case sensitive. If you fail to login three consecutive times your account could be disabled.

CANCEL NEXT

Please enter social security number

Click Cancel to return to the main login screen.

SSN:
(no spaces or dashes) *

Date of Birth:
(mm/dd/yyyy) *

CANCEL NEXT

Type your **Social Security Number** (no spaces, no dashes) and your **Date of Birth** (mm/dd/yyyy) and click the **Next** button.



Online Enrollment

Follow the **Enrollment Wizard** to enroll online. Please read all the instructions online before completing every step.

First Step:

Enter a username and password of your choice.

Overall Progress: **0% Complete**

Username Information

Items marked with an asterisk (*) must be completed before you can proceed to the next step.

Establish your Username: Must be 6-12 characters (numbers and/or letters): *

(alphanumeric digits, case-sensitive)

Establish your password *

(digits, case-sensitive)

Re-enter password *

Remember your Username and Password. You will need them to access your account via the plan website in the future.

Complete your personal information and then click the **Next** button.

Please keep in mind that all items marked with an asterisk (*) must be completed.

Enrollment steps

Print

Overall Progress: **0% Complete**

Items marked with an asterisk (*) must be completed before you can proceed to the next step.

✓ Your Personal Information

First name *

Last name *

Marital status *

☐ Male

☒ Female

Birth date *

Date of Hire *

Street address 1 *

Street address 2

City *

State *

Zip code *

Country

Home phone *

> Email

RESET

NEXT



Online Enrollment

Second Step: Complete the Beneficiary Designation section. Providing as much information as possible.

Please keep in mind, this is not a requirement, but recommended.

Third Step: Click on the **Action** dropdown menu and choose either “I want to contribute” or “I do not wish to contribute” indicating whether you would like to withhold or not.

Make a selection for all types of contributions.

Click the **Next** button.

Participant DashboardManage Your AccountRetirement ResourcesForms, Documents and ReportsPlan Selection

Designate Your Beneficiaries

Print

Overall Progress: 33% Complete

NOTE: Spousal Consent is required if the participant is married and the designated Primary Beneficiary is not the participant's spouse. The spouse's signature must be witnessed by either (1) a representative of the plan or (2) a Notary Public. A form to complete this is located [HERE](#).

This designation can have important tax and legal effects: you may wish to consult your advisor before continuing.

Beneficiary Designation 1

Items marked with asterisk (*) must be completed before you can proceed to the next step.

Beneficiary type

Primary

Beneficiary percentage

Name

Relationship

Birth date

Social security number

Street address 1

Street address 2

City

State

Zip code

Country

DELETE

Contributions

Print

Overall Progress: 40% Complete

Confirmation E-mail Address

A confirmation e-mail will be sent to **No e-mail address on record**.
If this address is incorrect, please [correct the address in the fields provided](#).

Current Contribution Amounts

Last Web/VRU Contribution	Total
Pre-Tax Deferral	\$0.00 per pay period
Roth Deferral	\$0.00 per pay period

Change Contribution Amounts

Please enter a contribution percentage or dollar amount that your employer will deduct from your compensation each payroll period. This will be deposited into your retirement plan account.

> [Click here for more information on how much you may contribute to the plan!](#)

Action	Contribution Type	Percent/Dollar	Current Contribution	New Contribution Rate
Click to Select	Pre-Tax Deferral	Percent	Not contributing	0.00 per pay period
Click to Select	Roth Deferral	Percent	Not contributing	0.00 per pay period

RESET

BACK

NEXT



Online Enrollment

Fourth Step:

Choose a Source of Money from the list and insert the selected percentages for the investments of that source.

To select the same investment direction for all money, choose **All Sources**.

Tree down investment category under **ALL Sources** to select investment

Select Investments

Print

Overall Progress: **50% Complete**

Select a source of money from the list below to enter the election percentages for investments in that source. Please note that once you have completed the enrollment process, you can always change your investment election percentages.

We encourage you to contact your Financial Advisor with assistance in selecting your investment election.

Source of Money

If selecting different Investment Elections for your sources, remember to return to this step and complete for each source.

All Sources

Employee Roth Deferral

Employee Traditional Deferral

Employer Match

Employer Profit Sharing

Unrelated Rollover

If you do not provide investment directions for your contributions, they will be defaulted to the [Vanguard Target Ret 2055 Fund](#) until you provide other investment instructions. Once contributions are defaulted, it is your responsibility to realign them in accordance to your investment elections. For more information, please contact your plan administrator.

BACK

NEXT

Review Fund Performance and Prospectuses

I elect to invest all future contributions (including employee and employer contributions) as follows.

Confirmation E-mail Address

A confirmation e-mail will be sent to the address listed below. **shannons@wealthfirm.net**

If this address is incorrect, please correct the address in the fields provided.

Update e-mail address:

Confirm e-mail address:

RESET

> Rules and Criteria



All Sources

Investment

Current Elections

New Elections

There is a questionnaire available to help with determining your risk tolerance.

Once you have chosen elections equaling 100%, Click **Next**

NEXT



Online Enrollment

Final Step: Review your information.

Click the **Submit** button.

Enrollment steps

Print

Overall Progress: **66% Complete**

Confirm & Submit

If your enrollment information is correct, click below to submit your enrollment request

Personal Information

Edit

Username: 224541001

First name:

Last name: Demo

Street address 1: 12365 S Heart St

Street address 2:

City: Madison

State: NE

Zip code: 68748

Country:

Date of birth: 05/25/1988

Date of hire: 04/01/2016

Marital status: Single

Home phone: (999) 999 - 9999

Home email address:

Office email address:

Send email confirmation to: None

I wish to receive my participant statement electronically at the email address specified above.

☒ No ☐ Yes

Salary Deferral Elections

Edit

Pre-tax contributions

Deduct 5.00% each pay period.

Roth 401(k) contributions

Deduct 0.00 each pay period.

Investment Elections

Edit

All future contributions to the plan will be invested as follows:

Target Date

Vanguard Target Ret 2025 Fund : 100.00%

If your enrollment information is correct, click below to submit your enrollment request

SUBMIT

The confirmation page will display.

If desired click the **Continue** button to access all Participant Web Features

Enrollment steps

Print

Overall Progress: **100% Complete**

✔ Congratulations! Your Enrollment is Complete.

You may access your account via the plan's website at at any time using your Username and Password. If you elected to receive email confirmations, you will receive confirmation of your enrollment at the email address specified.

IMPORTANT SECTION 404(c) NOTICE TO ALL PLAN PARTICIPANTS

This plan is intended to comply with requirements set forth in Section 404(c) of the Employee Retirement Income Security Act (ERISA) and Title 29, Code of Federal Regulations, Section 2550.404c-1. This means that the Plan Fiduciaries are providing Plan Participants with the opportunity to decide how their retirement benefit dollars are invested in funds available under the Plan, enabling plan participants to choose investments that meet their personal needs and lifecycle. The Plan Fiduciaries may be relieved of liability for any losses which may occur as a result of investment decisions made by Plan Participants.

Investment Funds

Plan Participants may direct their account within the allowed investment options. Diversified investment options with different risk and return characteristics are available. In depth descriptions of each investment fund as well as their objectives, risk and return characteristics and investment managers offered by the Plan are available.

Investment Direction Instructions

Plan Participants may change their allocation among investments according to the rules established in the Plan Document. Procedures have been established by the Plan Administrator to orderly communicate and execute requests by Plan Participants. Plan Participants may change their investment allocation among investment funds via the participant website which is available 7 days a week, 24 hours a day.

Transfers between investment funds or asset allocation changes will be processed according to the applicable mutual fund trading policy. Such policies may also prohibit certain late day trading and market timing practices. Under normal conditions, these changes are executed by the close of the business day or the business day following, if submitted prior to 3:00 p.m. Central Standard Time. Trading is also subject to open markets of the daily exchanges. Cutoff times are subject to change at any time.

Participants are entitled to receive a prospectus for any investment fund offered by the Plan upon request. Participants may access prospectuses online via the participant website. Read the investment fund prospectus carefully prior to investing.

Additional Information

Plan Participants may request the following information at any time from the Investment Advisor:

- A description of the annual operating expenses of each investment fund which reduce the rate of return in that fund, and the amount of such expenses expressed as a percentage of average net assets of each fund.
- A copy of any prospectuses, financial statements and reports, and of any other materials relating to the funds, to the extent such information is provided to the Plan.
- A list of the actual assets comprising the portfolio of each fund, the value of each asset (or the proportion of the investment alternative which it comprises), if provided to the Plan.
- Information concerning the value of shares or units in each investment fund available to Plan participants under the Plan, as well as the past and current investment performance of the investment funds, net of expenses, on a reasonable and consistent basis.
- Information concerning the value of shares or units in the investment funds in which a Plan Participant is invested.
- Retirement Plan Consultants LLC can provide plan fiduciary and representative contact information. Contact Retirement Plan Consultants LLC at 877-800-1114 or 125 S. 4th Street, Norfolk, NE 68701.

Investment Limitations and restrictions

Plan Participants may invest their account balances only in the investment options under the Plan. The Plan fiduciaries may change these investment options from time to time.

Under no circumstances will the plan participant or plan trustee be allowed to direct an investment, which would:

- Result in a prohibited transaction described in IRC Section 4975.
- Generate income that would be taxable.
- Not be in accordance with the Plan Document
- Is an investment in foreign assets not permitted by ERISA Section 404(b).
- Jeopardize the tax qualified status of the Plan.

The Plan Fiduciaries may adopt or revise the investment policies at any time. Such revisions may include, but are not limited to, placing restrictions on amounts that may be invested in a particular fund and the removal, addition or replacement of any investment fund.

Fee Disclosure

Refer to the 404(a)(5) Fee Disclosure document for your plan specific fees.

Confidentiality

All procedures are established to ensure confidentiality of plan Participants regarding their holdings and requested instructions. All inquiries and requests are confidential. Only certain employees of the Plan Sponsor have access to your information and may only convey this information to other employees or individuals for purposes of plan administration.

Should any statement made here conflict with the Plan Document, the Plan document will supersede.