



**The Beneco Retirement Plan for the Employees of
Conway Construction Company
Plan Highlights as of January 1, 2012**

The information below provides a general outline of some of the provisions of your Plan and is not designed to replace the Summary Plan Description (SPD). If you do not have an SPD, one will be provided to you upon request.

Eligibility

Employer Prevailing Wage: You are eligible to participate in the Plan immediately upon date of hire.

Employer 401(k): You are eligible to participate in the Plan immediately after 1 year of Service and after you have reached age 21.

Employer Matching, Profit Sharing: You are eligible to participate in the Plan on the January 1st or July 1st after 1 year of Service and after you have reached age 21.

Contributions

Employer PW, Contributions: A contribution will be made for each eligible Participant while performing work covered by Prevailing Wage Laws.

Employee 401(k) Deferrals: You may defer 100% of your compensation up to \$17,000 for the 2012 Plan Year.

Catch-Up Contributions: If you are over 50 years of age, you may defer an additional amount up to \$5,500 for the 2012 Plan Year.

Deferral Elections: You may begin, increase, decrease, suspend or resume deferral elections on the first day of any payroll period.

Employer Match: You may receive an employer discretionary Matching Contribution.

Employer Profit Sharing: You may receive an employer discretionary Profit Sharing Contribution. In order to be eligible for the Profit Sharing Contribution, you must be employed on December 31st of the year for which a contribution is made and must have worked for at least 1,000 hours during such year.

Investments

Investment Allocations: You may change the investment allocation percentages for your future contributions. Changes must be in whole percentage increments totaling 100%. This can be done at the Beneco Web-site.

Fund Balance Transfers: You may transfer your accumulated savings from one investment option to another once each business day. Each transfer must be made in whole percentages. This may be done through the Beneco Web-site.

ERISA 404(c): The plan is a 404(c) compliant plan.

Participant Transaction Fees

Distributions: Distribution fee for amounts rolled to the IRA is \$20. All other distributions will be charged \$175.

Loans: A fee of \$150 will be charged for processing loans.

Vesting

The term "vesting" simply means ownership. You become vested in employer contributions made to your account (adjusted for any earnings or losses on those contributions) based on your years of service as follows:

Source	< 1yr	1yr	2yrs	3yrs	4yrs	5yrs	6yrs
Matching Contributions	0%	0%	20%	40%	60%	80%	100%
Profit Sharing	0%	0%	20%	40%	60%	80%	100%

Prevailing Wage, 401(k) Deferral and Rollover contributions are always 100% vested.

Distributions

Terminated Participants: You are eligible to receive a distribution of your account balance after ninety days from the eligible participant's date of severance from employment.

Disabled Participants: You may receive a distribution of your account balance immediately following total and permanent disability or death.

You may receive your distribution in a partial or full lump sum or in installment payments. A distribution can be directly rolled over from your employer's plan to an IRA or another employer's tax qualified plan that accepts rollovers.

Hardship Distributions & Loans

The Plan shall permit hardship distributions or Participant Loans according to the following:

Source	Hardship	Loans
401(K)	Yes	Yes
Prevailing Wage	No	Yes
Match	Yes	Yes
Profit Sharing	Yes	Yes
Rollover	Yes	Yes

The loan provisions specified in the Loan Policy are hereby incorporated into this Adoption Agreement.

In Service Distributions

The Plan shall permit In-Service withdrawals on or after the attainment of the following minimum Age and Service requirements:

Source	Minimum Age	Minimum Service
Rollover	None	None
All Other Sources	59-1/2	None

Beneco Web-site: www.beneco.com

The Plan's three letter ID is: CEM

Toll-Free Automated Hotline

You may access your account via the Automated Hotline at (888) 608-2680. You will need to provide your Social Security Number (SSN) and your Personal Identification Number (PIN).

Beneco Retirement Plan for the Employees of
Conway Construction Company



Investment Election/Beneficiary Form

Instructions: Participant completes sections 1-5 and signs form. Please mail, email, or fax completed form to Beneco at the address above.

1: Participant Information - YOUR HIRE DATE: ___ / ___ / ___ YOUR REHIRE DATE: ___ / ___ / ___

NAME: _____ EMAIL: _____

Under penalty of perjury, I certify that _____ is my correct taxpayer social security number.

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: ___ / ___ / ___ HOME PHONE: _____ - _____ - _____ OTHER PHONE: _____ - _____ - _____

This form is used to select your initial contribution or change only FUTURE contributions under the Plan. If you wish to adjust existing balances, please log on to your account at www.beneco.com or call the Participant Resource Center at 888-608-2680.

2: Designation of Beneficiary(ies)

If I am not married, I understand that if I later marry, my designation of any other person other than my spouse will become invalid. *If additional space is required, please list additional beneficiaries on a separate page and attach a copy to this form.

CHOOSE ONE: MARRIED* -or- I AM NOT MARRIED (if legally separated, you are married) _____ your initials.

**If you are married and wish to designate someone other than your spouse, the Spousal Waiver must be completed.*

Primary	Name	Date of Birth	Social Security Number	Relationship	Share%

Contingent	Name	Date of Birth	Social Security Number	Relationship	Share%

3: Spousal Waiver

This section must only be completed if I am married and I did not select my spouse as the sole primary beneficiary.

I consent to the designation made by my spouse to have pre-retirement death benefits paid to the named beneficiary(ies) specified above. Further, I hereby acknowledge that I understand that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me, that such beneficiary is not valid unless I consent to it, and that consent is irrevocable unless my spouse revokes the beneficiary designation.

SPOUSE'S SIGNATURE: _____ DATE OF BIRTH: ___ / ___ / ___ DATE: ___ / ___ / ___

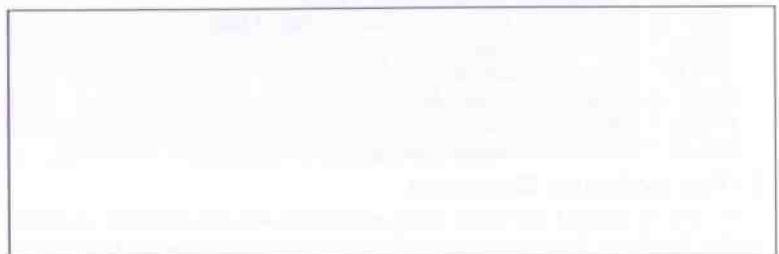
State of _____ County of _____, 20___

This instrument was signed before me on ___ / ___ / ___

By: _____

Notary Signature: _____

Commission Expires: ___ / ___ / ___



4: Investment Election

Instructions: You may select a single Investment Strategy by choosing options A or B, or by customizing your asset allocations in option C. If you do not make a selection from one of the three options, all of your contributions to the plan on your behalf will DEFAULT into the Moderately Aggressive fund. If your total investment election below does not total 100%, then you will be treated as not having made an investment election. Additional assistance including investment advice is available at the Beneco website by clicking BeneCoach.

Option A: Risk-Based Funds - NOTE: The investment choices reflect what type of investor you believe you are.

Conservative	50% of SVFII, 15% of PTTX, 15% of VBMFX, 3% of AIVSX, 3% of FUSVX, 2% of CWGIX, 2% of DRGVX, 2% of VWNAX, 1.50% of FCNTX, 1.50% of JLGIMX, 1% of ACINX, 1% of AEPGX, 1% of AGTHX, 1% of GETGX, 1% of GGOAX	_____ %
Moderately Conservative	27% of SVFII, 14% of PTTX, 14% of VBMFX, 5% of AIVSX, 5% of FUSVX, 4% of CWGIX, 4% of DRGVX, 4% of VWNAX, 3.50% of FCNTX, 3.50% of JLGIMX, 3% of GETGX, 3% of GGOAX, 2% of ACINX, 2% of AEPGX, 2% of CSCZX, 2% of PRNHX, 1% of AGTHX, 1% of FSIVX	_____ %
Moderate	17% of SVFII, 9% of PTTX, 9% of VBMFX, 8% of AIVSX, 7% of CWGIX, 7% of FUSVX, 5% of DRGVX, 5% of GETGX, 5% of GGOAX, 5% of VWNAX, 4.50% of FCNTX, 4.50% of JLGIMX, 3% of ACINX, 3% of CSCZX, 3% of PRNHX, 2% of AEPGX, 2% of FSIVX, 1% of AGTHX	_____ %
Moderately Aggressive	10% of SVFII, 9% of AIVSX, 9% of CWGIX, 9% of FUSVX, 6% of DRGVX, 6% of GETGX, 6% of GGOAX, 6% of VWNAX, 5.50% of FCNTX, 5.50% of JLGIMX, 5% of PTTX, 5% of VBMFX, 4% of CSCZX, 4% of PRNHX, 3% of ACINX, 3% of AEPGX, 3% of FSIVX, 1% of AGTHX	_____ %
Aggressive	10% of AIVSX, 10% of CWGIX, 10% of FUSVX, 7% of DRGVX, 7% of GETGX, 7% of GGOAX, 6% of FCNTX, 6% of JLGIMX, 6% of VWNAX, 5% of CSCZX, 5% of PRNHX, 5% of SVFII, 4% of ACINX, 3% of AEPGX, 3% of FSIVX, 3% of PTTX, 2% of VBMFX, 1% of AGTHX	_____ %

Option B - Target Retirement Date Funds - NOTE: You may choose the fund with the year closest to when you expect to retire or select the Vanguard Target Retirement Income, the most conservative of the Vanguard Target Date Funds for use in retirement. More information on these funds is available at the Beneco website.

VFFVX	Vanguard Target Retirement 2055 Fund	_____ %	VFIFX	Vanguard Target Retirement 2050	_____ %
VTIVX	Vanguard Target Retirement 2045	_____ %	VFORX	Vanguard Target Retirement 2040	_____ %
VTTX	Vanguard Target Retirement 2035	_____ %	VTHRX	Vanguard Target Retirement 2030	_____ %
VTTVX	Vanguard Target Retirement 2025	_____ %	VTWNX	Vanguard Target Retirement 2020	_____ %
VTXVX	Vanguard Target Retirement 2015	_____ %	VTENX	Vanguard Target Retirement 2010	_____ %

Option C: Customized Allocation - NOTE: The investment choices allow for you to customize what percentage of the fund contribution will be allocated to each investment.

TICKER	FUND NAME	ASSET CLASS	_____ %
VTINX	Vanguard Target Retirement Income	Retirement Income	_____ %
SVFII	Galliard Stable Value Fund C	Stable Value	_____ %
DIPX	DFA Inflation Protected Securities I	Inflation-Protected Bond	_____ %
WEFIX	Weitz Short-Intermediate Income	Short-Term Bond	_____ %
PTTRX	PIMCO Total Return Fund Class Institutional	Intermediate-Term Bond	_____ %
VBMFX	Vanguard Total Bond Market Index Fund Class	Intermediate-Term Bond	_____ %
NHILX	Neuberger Berman High Income Bond Institutional	High Yield Bond	_____ %
RPBAX	T. Rowe Price Balanced	Balanced	_____ %
DRGVX	Drayfus Strategic Value R	Large-Cap Value	_____ %
VWNAX	Vanguard Windsor II Adm	Large-Cap Value	_____ %
AIVSX	American Funds Investment Company of America-A	Large-Cap Blend	_____ %
FUSVX	Fidelity Spartan 500 Index Fund Class Advantage	Large-Cap Blend	_____ %
AGTHX	American Funds Growth Fund of America - A	Large-Cap Growth	_____ %
FCNTX	Fidelity Contra Fund	Large-Cap Growth	_____ %
JLGIMX	JPMorgan Large Cap Growth Fund Class R6	Large-Cap Growth	_____ %
GETGX	Victory Established Value Fund Class R	Mid-Cap Value	_____ %
ABMIX	ASTON/Fairpointe Mid Cap I	Mid-Cap Blend	_____ %
NMPAX	Columbia Mid Cap Index Fund Class Z	Mid-Cap Blend	_____ %
GGOAX	Goldman Sachs Growth Opportunities Fund Cl A	Mid-Cap Growth	_____ %
NBGIX	Neuberger Berman Genesis Fund Class Institutional	Mid-Cap Growth	_____ %
CSCZX	Columbia Small Cap Value I Z	Small-Cap Value	_____ %
NMSCX	Columbia Small Cap Index Fund Class Z	Small-Cap Blend	_____ %
CWGIX	American Funds Capital World Growth & Income A	World Stock	_____ %
AEPGX	American Funds EuroPacific Growth Fund - A	Foreign Large-Cap Blend	_____ %
ACINX	Columbia Acom International Fund Class Z	Foreign Small/Mid Growth	_____ %
FSIVX	Fidelity Spartan International Index Fund Class Advisor	Foreign Large-Cap Blend	_____ %
PRGTX	T. Rowe Price Global Technology Fund	Technology	_____ %
TRREX	T. Rowe Price Real Estate	Real Estate	_____ %
VGHAX	Vanguard Health Care Adm	Health	_____ %
PRNHX	T. Rowe Price New Horizons	Small Growth	_____ %
SSMVX	Wells Fargo Advantage Small Cap	Small Blend	_____ %

5: Participant Consent

I have read the attached information on the investments and understand the risks and rewards involved under each investment option. I understand that this Investment Election Beneficiary Form will remain in effect until I submit a change by using a form or the internet. I also understand that a transfer cannot be completed if there is pending activity on my account. I hereby authorize the above as it pertains to my Plan Account as described in this form.

PARTICIPANT SIGNATURE: _____

DATE: ___ / ___ / ___



Beneco (www.beneco.com)
Attn: Processing Dept.
9089 E. Bahia Dr., Suite 100
Scottsdale, AZ 85260
Fax: (480) 850-2589

Beneco Retirement Plan for the Employees of
Conway Construction Company



Investment Election/Beneficiary Form

Paperless Documents

NAME: _____

EMAIL: _____

Yes. By providing your e-mail address, you are choosing to receive paperless statement delivered to you electronically through your secure account on the Beneco Website (www.beneco.com). Your consent applies to account statements (including all accompanying account-related notices and other regulatory information), plan documents, summary plan descriptions, fee and expense disclosures, trade confirmations, mutual fund prospectuses, and other communications regarding your account.

Beneco may periodically ask you to confirm or update your email address, and we will use the email address you provided on this form. You may update or change your address or other information through the secure website at any time, or call the Participant Resource Center.

You will always be able to request a paper version of any document or withdrawal your consent to paperless documents at any time without charge by calling the Beneco Participant Resource Center at (888) 608-2680. Once you provide your consent below, we will begin to deliver your Paperless Documents. Providing your e-mail address for the receipt of the documents described in this notice is entirely voluntary, and as the result of providing your e-mail address, your quarterly statements and any required disclosures will be provided to you electronically unless you request paper statements.

For viewing, printing, storing or downloading your documents or secured web pages containing additional information, you should use the newest versions of Internet Explorer or another web browser with JavaScript enabled. To access the documents in a PDF format, you will also need Adobe Acrobat Reader.

The Beneco website is written to work with Firefox 2.0+ and Internet Explorer 7.0+. While it should work with browsers from Firefox or Internet Explorer that are within this version range, there may be versions designed specifically for AOL or Macintosh which may encounter problems with some JavaScript used in the site. Problems experienced with these browsers should be considered bugs in these browsers. New devices such as wireless telephones, personal digital assistants, etc which can access the internet accessible may not have browsers capable of properly navigating this site. To access certain documents, you will need Adobe Reader which can be downloaded for free at www.adobe.com.

You may view your statements and other communications regarding your account at www.beneco.com.

PARTICIPANT SIGNATURE: _____

DATE: ___ / ___ / ___

Beneco Retirement Plan for the Employees of Conway Construction Company

CEM

Investment Election Deferral Form

Instructions: Participant completes sections 1-3 and signs form. Please mail, email, or fax completed form to your Payroll Department. Please retain a copy of this form for your personal records.

1: Participant Information - YOUR HIRE DATE: ___ / ___ / ___ YOUR REHIRE DATE: ___ / ___ / ___

NAME: _____ EMAIL: _____

Under penalty of perjury, I certify that _____ is my correct taxpayer social security number.

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: ___ / ___ / ___ HOME PHONE: _____ - _____ - _____ OTHER PHONE: _____ - _____ - _____

This form is used to select your initial contribution or change only FUTURE contributions under the Plan. If you wish to adjust existing balances, please log on to your account at www.beneco.com or call the Participant Resource Center at (888) 608-2680.

2: Elective Deferral Participant Option

This section does not apply to Prevailing Wage Contributions, which are non-elective contributions. **This form must be completed and returned to you payroll department in order to ensure proper investment allocation.** Please retain a copy of this form for your personal records.

I ELECT TO CONTRIBUTE _____ % OR \$ _____ per pay period of my gross pay.

I DO NOT WISH TO PARTICIPATE in the Elective 401(k) portion of the Plan at this time; however I reserve the right to commence saving in the Plan at a later date.

3: Participant Consent

PARTICIPANT SIGNATURE: _____ DATE: ___ / ___ / ___