



INITIAL ENROLLMENT FORM

Lemek, LLC dba Panera Bread 401(k) Profit Sharing Plan

1 Information (about you)

First Name (print)			MI	Last Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number			Date of Birth (mm-dd-yyyy)			Date of Hire (mm-dd-yyyy)

Mailing Address		City	State	Zip
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number (mobile # preferred)		Email Address		
<input type="text"/>		<input type="text"/>		

Check here to sign up for Electronic Statements*

*If electing Electronic Statements, you may switch to paper statements at any time by updating your personal setting on the participant website

2 Contribution Election

I understand that my Salary Deferral Contribution may not exceed \$24,500 for the calendar year 2026. If I am age 50 or over by 12/31/2026 I am eligible to contribute an additional \$8,000 or if I am age 60 to 63 by 12/31/2026, I am eligible to contribute an additional \$11,250.

- I elect to contribute ____% of my pay or \$_____ as a Salary Deferral Contribution (pre-tax) each pay period.
- I elect to contribute ____% of my pay or \$_____ as a Designated Roth Contribution (after-tax) each pay period.
- I do NOT want to participate. I understand that I may reconsider my decision at a future date.

If you earn more than the IRS threshold for highly paid individuals (HPIs), based on your FICA compensation from your employer, you can make catch-up contributions only as Roth (after-tax) contributions. Any pre-tax contributions above the annual limit may be automatically reclassified as Roth contributions or refunded to meet IRS requirements. If you prefer not to make Roth catch-up contributions, you can opt out of catch-up contributions by contacting NWPS or your Human Resources department.

3 Investment Allocation

Enter the percentage you want to invest in each option below, making certain that the total is equal to 100%. If no elections are made, any deposits made to your account will be invested in the Default Investment selected by the Plan Sponsor.

Stable Value / Money Market

_____ % MetLife Stable Value 25053 CI 0 (MACXS)

Fixed Income

_____ % AB Global Bond Z (ANAZX)

_____ % Federated Hermes Ttl Return Bd R6 (FTRLX)

_____ % Janus Henderson Multi-Sector Income N (JMTNX)

_____ % JPMorgan Government Bond I (HLGAX)

Balanced

_____ % Dodge & Cox Balanced I (DDBX)

Target Date Funds

_____ % T. Rowe Price Retirement 2010 (TRRAX)

_____ % T. Rowe Price Retirement 2015 (TRRGX)

_____ % T. Rowe Price Retirement 2020 (TRRBX)

_____ % T. Rowe Price Retirement 2025 (TRRHX)

_____ % T. Rowe Price Retirement 2030 (TRRCX)
 _____ % T. Rowe Price Retirement 2035 (TRRJX)
 _____ % T. Rowe Price Retirement 2040 (TRRDY)
 _____ % T. Rowe Price Retirement 2045 (TRRKX)
 _____ % T. Rowe Price Retirement 2050 (TRRMX)

Domestic Equity

_____ % Columbia Small Cap Value Disc Inst3 (CSVYX)
 _____ % Dodge & Cox Stock I (DODGX)
 _____ % Janus Henderson Enterprise N (JDMNX)
 _____ % JPMorgan Large Cap Growth R6 (JLGMX)
 _____ % T. Rowe Price Integ. US SmallCap Gr Eq (PRDSX)
 _____ % T. Rowe Price Mid-Cap Value I (TRMIX)
 _____ % Vanguard 500 Index Adm (VFIAX)

_____ % Vanguard Mid Cap Index Adm (VIMAX)
 _____ % Vanguard Small Cap Index Adm (VSMAX)

International / Global Equity

_____ % American Funds New World R6 (RNWGX)
 _____ % Fidelity Overseas (FOSFX)
 _____ % MFS International Growth R6 (MGRDX)
 _____ % Pioneer Global Sustainable Equity K (PGEKX)
 _____ % Putnam International Value R6 (PIGWX)

Alternatives

_____ % Cohen & Steers Realty Shares Z (CSJZX)
 _____ % **TOTAL = 100%**

4 Required Signature

By signing below, I acknowledge that I have received and read the Summary Plan Description and the annual investment information notice. I understand that the value of investments may fluctuate over time and that there are risks associated with each investment option. I understand that the investment allocation instructions will remain in effect until I replace them by making changes through the use of the retirement plan website or voice-response system. Further, I understand that the contribution amounts will remain unchanged until I contact my Human Resources Department.

_____ **X** _____
 Participant Name (print) Participant Signature Date

Return completed form to your Human Resources Department.

Plan Sponsor Authorization

_____ **X** _____
 Authorized Plan Signer Name (print) Authorized Plan Signer Signature Date



BENEFICIARY DESIGNATION FORM

Lemek, LLC dba Panera Bread 401(k) Profit Sharing Plan

1 Information (about you)

First Name (print)	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (mm-dd-yyyy)	
Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/>		

If you are married you must name your spouse as the sole primary beneficiary unless your spouse consents in writing to you designating another Primary beneficiary. If you are not married at the time you designate your beneficiaries and subsequently marry, 100% of your vested account balance will be paid at the time of death to your surviving spouse unless your spouse consents in writing (see Section 3: Spousal Consent).

2 Beneficiary Designation

I revoke all previous designations and direct that any benefit proceeds be distributed upon my death to the designated beneficiary(ies) below. In the event that no Primary or Contingent Beneficiaries survive me, any benefit payments will be distributed according to the terms of the plan document.

Initial here if you would like to designate additional beneficiaries that do not fit within the spaces provided here. Please write the information on a separate sheet of paper. Sign and date the page, and staple it to this form.

A) PRIMARY BENEFICIARY(IES) Beneficiaries will share equally if percentages are not provided.

1. _____ %

Name (First, Middle Initial, Last)	Relationship
<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (mm-dd-yyyy)
<input type="text"/>	<input type="text"/>

Mailing Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Email Address		
<input type="text"/>	<input type="text"/>		

2. _____ %

Name (First, Middle Initial, Last)	Relationship
<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (mm-dd-yyyy)
<input type="text"/>	<input type="text"/>

Mailing Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Email Address		
<input type="text"/>	<input type="text"/>		

PRIMARY BENEFICIARY(IES) TOTAL = 100%

4 Required Signature

Subject to the spousal consent requirements, I understand that I may revoke or change this designation at any time by filing a new designation of beneficiary with the Employer, and that by doing so, I revoke all prior designations.

_____ **X** _____
Participant Name (print) Participant Signature Date

Return completed form to your Human Resources Department.

Plan Sponsor Authorization

_____ **X** _____
Authorized Plan Signer Name (print) Authorized Plan Signer Signature Date