

# CYCLONE DRILLING INC. 401(K) PLAN

## Enrollment Form

Name: \_\_\_\_\_

S.S.:# \_\_\_\_\_

Location: 0001-0001

Plan ID: 134947

### Contribution Selection

\_\_\_\_\_ I wish to contribute \_\_\_\_\_ % of my compensation to the CYCLONE DRILLING INC. 401(K) PLAN (Enter a whole number between 1% - 15%)

### Investment Election

Please indicate the percentage you would like to invest into the following funds. You must divide your investment in 1% multiples and your total must equal 100%. If you are unsure where to invest, examples of investment mixes are on page 7. Or, if you would like more information on these funds, please review the fund fact sheet and prospectuses included in your enrollment package.

Please note that if you choose to invest in a model, you must invest 100% of your contributions to the model.

Fund Options	Percent of Contribution to Invest in Each Fund (Use whole numbers only.)	Fund Options	Percent of Contribution to Invest in Each Fund (Use whole numbers only.)
American Funds Fundamental Invest R2	_____ %	Artisan Mid Cap Value	_____ %
American Funds SMALLCAP W orld Fnd R2	_____ %	American Funds Growth Fnd of Amer R2	_____ %
American Funds Cap Wld Growth Inc R2	_____ %	Cohen & Steers Realty Fund	_____ %
American Funds Amer Balanced Fund R2	_____ %	American Funds Bond Fund of Amer R2	_____ %
American Funds EuroPacific Growth R2	_____ %	American Funds US Govt Securities R2	_____ %
American Funds New Perspective R2	_____ %	American Funds Money Market R2	_____ %
American Funds AMCAP Fund R2	_____ %		
Asset Allocation Strategy Models		_____ %	
			Select one only:
			<input type="checkbox"/> HIGH GROWTH MODEL
			<input type="checkbox"/> MODERATE GROWTH MODEL
			<input type="checkbox"/> BALANCED APPROACH MODEL
			<input type="checkbox"/> CONSERVATIVE APPROACH MODEL
			<input type="checkbox"/> CAPITAL PRESERVATION MODEL
			<b>Total 100%</b>

Remember your election percentages must total 100%

If you do not choose investments for your savings, your contributions will be invested in the **American Funds Money Market R2 (100%)**.

### Authorization

\_\_\_\_\_ Yes, I hereby authorize the payroll deduction. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ No, I do not wish to contribute.\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Even if you have chosen not to contribute at this time, you must still return this form to your Plan Administrator so they know that they offered you this benefit and you decided not to participate.

Please return this form to your Plan Administrator. You should also make a copy for your own records.

# CYCLONE DRILLING INC. 401(K) PLAN

## Beneficiary Designation Form

Name: \_\_\_\_\_

S.S.:# \_\_\_\_\_

Location: 0001-0001

Plan ID: 134947

I have received a description of the plan and hereby make the following Beneficiary designation:

### Part A - Beneficiary Designation

In the event of my death, all amounts credited to my account under the plan should be paid to the following person or persons. I understand that Federal law requires that my spouse be named as sole beneficiary unless my spouse consents to an alternative designation by signing Part B of this form.

#### Primary Beneficiary:

% of Death Proceeds  
(Must Total 100%)

_____	_____	_____	_____
Name	SS#	Relationship	
_____	_____	_____	_____
Name	SS#	Relationship	

If none of the above-named beneficiaries is living at the time of my death, pay the following:

#### Secondary Beneficiary:

_____	_____	_____	_____
Name	SS#	Relationship	
_____	_____	_____	_____
Name	SS#	Relationship	
_____	_____	_____	_____
Name	SS#	Relationship	

### Participant Acknowledgement

\* If a primary beneficiary in addition to or other than my spouse was designated to receive a death benefit, I certify (check one):

I am not married.

I am married and my spouse's consent appears on Part B of this form.

I agree to notify the Plan Administrator in writing in the event my marital status changes. I also understand that payment of death benefits will be in a lump sum to my designated beneficiary unless my beneficiary selects an alternate method of payment under Plan rules, or unless the Plan requires an alternate form of payment.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date Signed

IF YOU ARE MARRIED AND HAVE NOT NAMED YOUR SPOUSE AS YOUR SOLE PRIMARY BENEFICIARY, PART B - THE SPOUSAL CONSENT FORM - MUST BE COMPLETED.

This form is maintained by your employer. Please return this form to your Plan Administrator. You should also make a copy for your records.

# CYCLONE DRILLING INC. 401(K) PLAN

## Spousal Consent Form

Name: \_\_\_\_\_

S.S.:# \_\_\_\_\_

Location: 0001-0001

Plan ID: 134947

### Part B - Spousal Consent

I understand that my spouse has chosen not to name me as his/her sole primary beneficiary. I also understand that if I do not sign the Spousal Consent, I will be treated as my spouse's sole primary beneficiary under the Plan.

By signing this spousal consent, I hereby consent to my spouse's designation of the person(s) named on the beneficiary form as my spouse's primary and contingent beneficiaries. I acknowledge that by consenting I am forgoing all rights to my survivor benefit under the Plan (except to the extent I am listed as one of the beneficiaries on Part A).

By signing this spousal consent, I certify that, as of the date set forth below, I am legally married to the Participant whose name appears on this form.

\_\_\_\_\_  
Print Name of the Participant's Spouse

\_\_\_\_\_  
Signature of the Participant's Spouse

\_\_\_\_\_  
Date Signed

### Witnessed by:

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

On this, the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_, known (or satisfactorily proven) to me to be the person whose name is subscribed to the Spousal Consent and acknowledged that he or she executed the same for the purpose therein contained. In witness and whereof, I hereunto set my hand and official seal.

\_\_\_\_\_  
Notary Public

**THIS SPOUSAL CONSENT MUST BE WITNESSED BY A NOTARY PUBLIC OR YOUR COMPANY'S PLAN ADMINISTRATOR.**

This form is maintained by your employer. Please return this form to your Plan Administrator. You should also make a copy for your records.