



Principal Life Insurance Company  
Mason City, IA 50402-2000

**Plan Summary**  
**ALLIED TECHNICAL RESOURCES, INC. 401(K)**  
**PLAN**  
**Contract: 4-43209**

### **Eligibility and Entry**

You may begin to participate in the plan if you:

- have completed 6 months of service with the company

You enter the plan on the first day of the month on or after you meet the eligibility requirements.

### **Pay**

In general, pay is total pay from ALLIED TECHNICAL RESOURCES, INC. including salary deferral contributions. Pay does not include bonuses.

Your employer can provide more detailed information.

### **Salary Deferral Contributions**

You may choose to contribute from 1% to 100% of your pay.

Your taxable income is reduced by the amount you contribute through salary deferral. This lets you reduce your current income taxes. Your total salary deferral in 2007 may not be more than \$15,500. Your maximum deferral percentage and/or dollar amount may also be limited by IRS regulations.

If you are 50 years old or older during the plan year and have met the annual IRS Deferral Limit (or the specified plan limit for deferrals) you may contribute a catch-up deferral of up to \$5,000 in 2007. If you think you qualify and are interested in contributing catch-up deferrals contact your Plan Administrator for more details. Catch-up deferrals can be made to the plan beginning 01/01/2002.

### **Roth Salary Deferral Contributions**

Roth contributions are another option to designate your salary deferral contributions.

Roth salary deferral contributions are made on an after-tax basis. You may designate any amount of the available deferrals for a plan year as Roth salary deferral contributions. The Roth salary deferral contributions plus your pre-tax salary deferral contributions are counted toward the maximum salary deferral contribution amount and salary deferral contribution percentage mentioned above.

Distributions from your Roth salary deferral contribution account will be tax-free if the distribution meets the qualified distribution requirements of being at least 59 1/2 years old, death or disability and have maintained the Roth salary deferral account for at least 5 taxable years.

### **Salary Deferral Changes**

You may stop making salary deferral contributions at any time. You may change your salary deferral amount monthly.

### **Employer Contributions**

Your employer may match part of the first 6% of the pay you contribute to the plan through salary deferral.

If a matching contribution is made to the plan, it will be made at the end of the plan year.

Your employer may make a discretionary contribution at the end of the plan year if you meet the requirements below.

The conditions you have to meet may include an hours requirement and/or require you to be an active participant during or at the end of the plan year.

You will receive contributions if you are an active participant at any time during the plan year and you earned at least 500 hours during the latest accrual service period ending on or before the last day of the plan year.

Participants who retire, become totally disabled, or die during the Plan Year will also receive these contributions.

Employer contributions may change in the future.

### **Rollover Contributions**

You may be allowed to rollover into this plan all or a portion of the retirement funds you have outside this plan. You may then withdraw all or a portion of your rollover contributions. The number of withdrawals may be limited. To receive additional

information, contact your Plan Administrator or visit us at [www.principal.com](http://www.principal.com) or call 1-800-547-7754.

### **Vesting**

You are always 100% vested in the contributions YOU choose to defer and in the qualified nonelective contributions. You cannot forfeit these contributions.

You are vested in ALLIED TECHNICAL RESOURCES, INC. contributions based on years of vesting service in which you worked at least 1,000 hours as shown below.

Years	Less than 2	2	3	4	5	6 or more
Vesting %	0%	20%	40%	60%	80%	100%

### **Investments**

Your retirement benefit plan intends to qualify as an ERISA §404(c) plan. This means that the Plan Fiduciary has transferred some responsibility for investing the retirement account to you. You are able to direct the investment of the retirement account balance by choosing among several fund options.

For the plan to qualify under ERISA §404(c), you must be given:

- the opportunity to diversify your investment, and
- the ability to make an informed decision

In order for you to make informed investment decisions, it is important that you read the investment material (including prospectuses if applicable) available from your employer. You may also obtain this information by calling our Client Contact Center at 1-800-547-7754.

Contributions will be automatically directed to the plan's investment default if you do not choose any investment options. Please see your employer for more details.

You may invest your contributions and employer contributions in any of the investment options offered by the plan. For detailed information about your investment options, please visit us at [www.principal.com](http://www.principal.com) or contact us at 1-800-547-7754.

Please review the §404(c) information included in your enrollment kit. If you have questions about the investment options under the Plan your 404(c) contact can assist you. The contact is:

G SMITH  
PO BOX 472223  
CHARLOTTE, NC 28247-2223

### **Investment Mix Changes**

You may change your investment direction for future contributions anytime.

Note that when transferring existing balances from one investment option to another, redemption fees or restrictions on transfer frequency may apply. Refer to the redemption fee and transfer restriction policy on the Principal Retirement Service Center or contact your Plan Administrator. Changes made through TeleTouch® (1-800-547-7754) and the Internet are free. A charge will apply to all paper requests.

### **Account Information**

You may obtain account information through:

- Retirement Plan Statement (quarterly)
- TeleTouch®
- Internet

### **Expenses**

Plan administrative expenses reduce the credited investment return.

### **When You Receive Benefits**

Benefits are payable at:

- Retirement (age 65)
- Age 59½ and still working

- Death
- Disability \*
- Termination of employment

\*Must cease employment to receive this benefit.

### **Financial Hardship**

You may withdraw all or part of your salary deferral contributions (not earnings) if you can prove financial hardship and are unable to meet your financial needs another way.

The plan defines hardship as an "immediate and severe financial need" along with establishing the allowable reasons to receive such a withdrawal. Please see your Summary Plan Description for more details regarding hardship withdrawals.

Salary deferral contributions will be suspended for six months after your withdrawal.

### **Other Information**

Your salary deferral contributions are included in the wages used to determine your social security tax.

This summary includes a brief description of your employer's retirement plan. If there are any discrepancies between this summary and the plan document, the plan document will govern. Contact your employer if you would like to see the plan document.

Most withdrawals/distributions are subject to taxation and required withholding. Check with your financial/tax advisor on how this may affect you.

The Principal is required by the IRS to withhold 20% of any distribution eligible for rollover if it is not directly rolled over to another eligible retirement plan, including an IRA, or used to purchase an annuity to be paid over a minimum period of the lesser of 10 years or the participant's life expectancy. This withholding will offset a portion of federal income taxes you owe on the distribution.

The retirement account may be affected differently by individual state taxation rules. Contact your tax advisor with questions.

The Retirement and Investor Services - Client Contact Center at The Principal is available to answer questions about the retirement plan, too. Please call 1-800-547-7754 Monday through Friday, 7 am - 9 pm and Saturday 8 am - 2 pm (Central Time), to speak with a counselor.

To find out more information about the Principal Financial Group®, visit our home page at [www.principal.com](http://www.principal.com).

04/30/2007

*Before investing in mutual funds, investors should carefully consider the investment objectives, risks, charges and expenses of the fund. This and other information is contained in the free prospectus, which can be obtained from your local representative. Please read the prospectus carefully before investing.*

*Insurance products and plan administrative services are provided by Principal Life Insurance Company. If applicable, Access Funds are mutual funds offered through Princor Financial Services Corporation, 1-800-247-4123, member SIPC. Princor and Principal Life are members of The Principal Financial Group, Des Moines, IA 50392.*



### Personal Information (Please print or type with black ink)

Last Name		First Name		Middle Initial	<input type="checkbox"/> Male	Marital Status	<input type="checkbox"/> Single
					<input type="checkbox"/> Female		<input type="checkbox"/> Married
Address (Street)				(City, State, Zip)		Phone	
Email Address			Expected Retirement Age		If you have been rehired, complete these dates:		
Social Security Number	Date of Birth	Date of Original Employment	Date of Termination	Date of Rehire			
- -	/ /	/ /	/ /	/ /			

**Step 1: Select Your Deferral Percentage** This agreement applies to amounts earned until changed by me in writing. I understand my plan sponsor may reduce my deferral only when required to meet certain plan limits.

#### Custom Start *Choose Your Own Savings Approach!*

I understand that my current and future salary will be deducted per pay period as follows: \_\_\_\_% (1% to 100%) before tax deferral and \_\_\_\_% Roth after tax deferral. These contributions will be invested as I elect in Step 2.

#### Decline Deferrals to the Plan *Think twice before selecting this option.*

**STOP!** You are choosing not to save for retirement through participation in your employer sponsored retirement plan.

I recognize the financial impact of not contributing to the plan and the effect this decision may have on my retirement income. I choose not to contribute to my employer's retirement plan and understand that because of this, I am not entitled to any employer matching contributions. This election does not affect my ability or right to receive other employer contributions or benefits under the plan for which I am eligible.

**Step 2: Select Your Investment Election.** Your investment election will be effective when it is received in our Corporate Center. If no investment election is received or contributions are received prior to your investment election, contributions will be directed according to the provisions of the plan or contract, as appropriate. You may transfer your contributions or change investment election as allowed by the plan.

#### Custom Investment Election *Design your own approach*

Invest all of my contributions made to this plan as I designate in the Customized Choices section of this form.

#### Customized Choices

	New Contributions
<b>Short-Term Fixed Income</b>	
<b>Principal Global Investors</b>	
Money Market Sep Acct	_____ %
Guaranteed Interest Account 5 year	_____ %
<b>Fixed Income</b>	
<b>Principal Global Investors</b>	
Government & High Quality Bond Sep Acct	_____ %
<b>Principal Real Estate Inv</b>	
U.S. Property Sep Acct	_____ %
<b>Balanced/Asset Allocation</b>	
<b>Principal Global Investors</b>	
Principal LifeTime Strategic Income Separate Account	_____ %

<b>Principal Global Investors</b>	Principal LifeTime 2010 Separate Account	_____ %
<b>Principal Global Investors</b>	Principal LifeTime 2020 Separate Account	_____ %
<b>Principal Global Investors</b>	Principal LifeTime 2030 Separate Account	_____ %
<b>Principal Global Investors</b>	Principal LifeTime 2040 Separate Account	_____ %
<b>Principal Global Investors</b>	Principal LifeTime 2050 Separate Account	_____ %
<b>Large U.S. Equity</b>		
<b>American Century Inv. Mgmt.</b>	LargeCap Growth II Sep Acct	_____ %
<b>American Century Inv. Mgmt.</b>	LargeCap Value II Separate Account	_____ %
<b>Principal Global Investors</b>	Large Cap Stock Index Sep Acct	_____ %
<b>T. Rowe Price Associates, Inc.</b>	LargeCap Growth I Sep Acct	_____ %
<b>Small/Mid U.S. Equity</b>		
<b>Columbus Circle Investors</b>	Medium Company Growth Sep Acct	_____ %
<b>Goldman Sachs/LA Capital Mgmt</b>	Mid-Cap Value I Sep Acct	_____ %
<b>JP Morgan/Mellon Equity</b>	Small-Cap Value I Sep Acct	_____ %
<b>Mellon Equity</b>	MidCap Growth I Sep Acct	_____ %
<b>Mellon Equity</b>	SmallCap Blend Sep Acct	_____ %
<b>Principal Global Investors</b>	Mid-Cap Stock Index Sep Acct	_____ %
<b>Principal Global Investors</b>	Small Company Growth Sep Acct	_____ %
<b>International Equity</b>		
<b>Principal Global Investors/DFA</b>	International Small Company Sep Acct	_____ %
<b>TOTAL</b>		<b>100%</b>

**Rollover Funds (Complete if you would like to consolidate your retirement funds)**

Yes! Tell me how The Principal can help me benefit from rolling over my retirement investments. Please call me at (\_\_\_\_) \_\_\_\_-\_\_\_\_ to discuss my options. The best time to call is \_\_\_\_am \_\_\_\_pm. My estimated rollover balance is \_\_\_\_\_. If I want to learn about rollover opportunities now, I will call The Principal at 1-800-547-7754.

**Step 3 - Signature (Please sign below after you have completed this form)**

Note: To help ensure you receive accurate reports that reflect the correct investment of the contributions made to the plan on your behalf, please review all reports regularly and report any discrepancy to us immediately.

Participant signature:

**X**

Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

For more information about this investment option, including its full name, please visit The Principal Retirement Service Center @ at [www.principal.com](http://www.principal.com) or call 1-800-547-7754 for assistance from a retirement specialist.

Before investing in mutual funds, investors should carefully consider the investment objectives, risks, charges and expenses of the funds. This and other information is contained in the free prospectus, which can be obtained from your local representative. Please read the prospectus carefully before investing.

Insurance products and plan administrative services are provided by Principal Life Insurance Company. Principal Investors Fund is distributed by and securities are offered through Princor Financial Services Corporation, 1-800-247-4123, member SIPC. Princor and Principal Life are members of the Principal Financial Group, Des Moines, IA 50392.

<b>Personal Information (Please print or type with black ink)</b>			
Last Name	First Name	Middle Initial	Social Security Number
Phone Number: ( )	E-mail:		

**Beneficiary Designation Choices (MUST CHOOSE OPTION 1, 2, OR 3)**

MUST CHECK ONE BOX

- 1. Married with Spouse as Sole Beneficiary (Spouse's signature is not required)**  
I am **Married** and designate my spouse named **below** to receive **all** death benefits from the plan.
- 2. Single Participants (including widowed, divorced, or legally separated)**  
I am **Not Married** and designate the individual(s) named **below** to receive death benefits from the plan. I understand if I marry, this designation is void one year after my marriage (some plans specify a shorter period).  
**Note: If changing your beneficiary due to a legal separation or divorce, then you must attach a copy of the court decree.**
- 3. Married with Spouse NOT as Sole Primary Beneficiary (Spouse's signature REQUIRED - Review QPSA consent on the back of this form.)**  
I am **Married** and designate the individual(s) named **below** to receive death benefits in accordance with the plan provisions.  
**Note: If you are married and do not name your spouse as the Sole Primary Beneficiary, your spouse must sign the consent below. The signature must be witnessed by a Plan Representative or Notary Public. If you are younger than age 35, your spouse must again consent to this in writing at the start of the plan year in which you reach age 35 for this designation to remain effect.**  
 (Check if applicable) I certify that my spouse cannot be located to sign this consent. I will notify the plan sponsor if my spouse is located. **Note: If your spouse cannot be located, check this box and have it witnessed by the Plan Representative. It must be established to the satisfaction of the Plan Representative that your spouse cannot be located.**

I certify that it has been established to my satisfaction that spousal consent cannot be obtained because your spouse cannot be located.	Plan Representative's Signature <b>X</b>	Date / /
<b>Notice to Spouse:</b> In signing you are also verifying that you have read the QPSA notice and consent on the back of this form. <input type="checkbox"/> By checking this box, I agree only to the beneficiary designation on this form. My spouse cannot change the beneficiary without my consent.	Spouse's Signature (must be witnessed by Plan Representative or Notary Public) <b>X</b>	Date / /
The spouse appeared before me and signed the consent on _____	Plan Representative or Notary Public Signature <b>X</b>	Date / /

MUST COMPLETE BENEFICIARY DESIGNATION

**Before completing, please read the information on the back of this form for direction and examples.**

**Note:** Unless otherwise provided, if two or more beneficiaries are named, the proceeds shall be paid to the named beneficiaries, or to the survivor or survivors, in equal shares.

Name [Primary Beneficiary (s)]	Date of Birth	Relationship	Soc. Sec. No.	Address	Percent

If Primary Beneficiary is not living, pay death benefits to:

Name [Contingent Beneficiary(s)]	Date of Birth	Relationship	Soc. Sec. No.	Address	Percent

Please retain a copy for your records

**Name Change**

Change my name: From \_\_\_\_\_ to \_\_\_\_\_ Date Changed: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Reason:  Married  Divorce - Will need to attach divorce decree.  Other (reason): \_\_\_\_\_

**Participant Signature**

This designation revokes all prior designations made under the plan.

MUST SIGN	Participant's Signature (Required)	Date	Received and filed by Principal Life Ins.
	X	/ /	Date Received

**UNDER THE PENALTIES OF PERJURY, I certify by my signature that all of the information on this Beneficiary Designation form is true, current and complete.**

**Beneficiary Designation Direction****Read carefully before completing this form**

To be sure death benefits are paid as you want them, follow these guidelines:

- Use Choice (1)** if you are married and want all death benefits from the Plan paid to your spouse. Your spouse does not have to sign the form.
- Use Choice (2)** if you are not married
- Use Choice (3)** If you are married and want death benefits paid to someone other than your spouse, in addition to your spouse or to a Trust or Estate, **your spouse must sign the spouse's consent on this form.** That signature must be witnessed by a Plan Representative or Notary Public.

**You may name one or more contingent beneficiaries.** In most circumstances, your contingent beneficiary(ies) will only receive a death benefit if the primary beneficiary predeceases you and the death benefit has not been paid in full.

**Be sure you sign and date the form.** Keep a copy of this form for your records. Return the original to your plan sponsor. If you do not date the form, the designation will become effective the day received by your plan sponsor or Principal Life Insurance Company, depending upon plan provisions.

If your marital status changes, review your beneficiary designation to be sure it meets these requirements. If your name changes, complete the name change sections of this form.

**Sample Beneficiary Designations**

Be sure to use given names such as "Mary M Doe", not "Mrs. John Doe" and include the address and relationship of the beneficiary or beneficiaries to the participant. The following designations may be helpful to you:

	Name	Relationship	Soc. Sec. No.	Address	Amount or Percent
One Primary Beneficiary	Mary M. Doe	Sister	XXX-XX-XXXX	XXXXXXXXXXXX	100%
Two Primary Beneficiaries	Jane J. Doe John J Doe or to the survivor	Mother Father	XXX-XX-XXXX XXX-XX-XXXX	XXXXXXXXXXXX XXXXXXXXXXXX	50% 50%
One Primary Beneficiary and One Contingent	Jane J Doe if living; otherwise to John J Doe	Wife Son	XXX-XX-XXXX XXX-XX-XXXX	XXXXXXXXXXXX XXXXXXXXXXXX	100% 100%
Estate	My Estate				100%
Trust	ABC Bank and Trust Co.	Trustee or successor in trust under (Trust Name) established (Date of Trust Agreement)		XXXXXXXXXXXX	100%
Testamentary Trust (Trust established within the participant's will)	John J Doe/ ABC Bank	Trust created by the Last Will and Testament of the participant		XXXXXXXXXXXX	100%
Children and Grandchildren (If Beneficiary is a minor, use sample wording shown below.)	John J Doe Jane J. Doe William J Doe	Son Daughter Son	XXX-XX-XXXX XXX-XX-XXXX XXX-XX-XXXX	XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX	33.3% 33.3% 33.4%
<p>Provided that if any of my children predeceases me, the surviving children of any such child shall receive in equal portions the share their parent would have received, if living.</p> <p>If no child of a deceased child survives, the share of that child of mine shall go to the survivor or survivors of my children, equally.</p>					
Minor Children (Custodian for Minor)	John J. Doe, son and Jane J. Does, daughter, equally, or to the survivor. However, if any proceeds become payable to a beneficiary who is a minor as defined in the Iowa Uniform Transfers to Minors Act (UTMA), such proceeds shall be paid to Frank Doe, as custodian for John Doe under the Iowa UTMA and Frank Doe, as custodian for Jane Doe under the Iowa UTMA.				