

Participant Investment Option Election Form

American United Life Insurance Company®



Initial Change

GA92620
HR LEWIS PETROLEUM CO.

(Please Print)

Participant's Middle Last
First Name: _____ Initial: _____ Name: _____ S.S. #: _____

Date of Birth: _____ **Date of Hire:** _____ **Date of Eligibility:** _____ Sex (Circle): M F

Home Address: _____

City, State, Zip: _____

Home Number: () _____ Work Number: () _____

PARTICIPATION

- I hereby elect to participate in the above Plan.
- I hereby elect *not* to make 401(k) contributions. I understand that I will still be entitled to employer contributions and forfeiture reallocations, if applicable, as permitted by the Plan.

If you wish to decline to participate, either temporarily or as an irrevocable election, then you will need to complete the Employee's Waiver of Participation, Form P-13352. An irrevocable election can be made only upon the date of hire or the first date you are eligible for participation.

Please be sure to designate your beneficiary and obtain any required spousal consent by completing the Participant Beneficiary Designation, Form P-13353, and submit it to your plan sponsor.

401(k) ELECTIVE (EMPLOYEE SALARY REDUCTION AGREEMENT)

I hereby authorize my employer to reduce my wages, salary, earnings and/or bonus hereinafter called compensation, as indicated below, and this reduction will be a contribution under the Plan established by my employer. This agreement applies to amounts earned until changed by me in writing. I understand that my employer may need to reduce my deferral percentage only when required to meet certain Plan limits.

My compensation shall be reduced by the following percentage per _____, effective with the payroll period beginning _____.

(Circle one)

- | | | | | | | | | | |
|-----|-----|-----|-----|-----|----|----|----|----|-----|
| 1% | 2% | 3% | 4% | 5% | 6% | 7% | 8% | 9% | 10% |
| 11% | 12% | 13% | 14% | 15% | | | | | |

Participant Signature _____ **Date** _____

GA92620

HR LEWIS PETROLEUM CO.

First Name: _____ Middle Initial: _____ Last Name: _____ S.S. #: _____

DIRECTING THE INVESTMENT FOR FUTURE CONTRIBUTIONS

Initial Election Change

Contributions may be allocated in increments of 5% or 33 1/3%.

You will be assigned a Personal Identification Number (PIN) so that you can then contact AUL by telephone to make future changes.

Investment Options	Rollover	401(k) Elective	Employer Match
AUL Fixed Interest Account	%	%	%
AUL American Bond	%	%	%
AUL American Equity	%	%	%
AUL American Managed	%	%	%
AUL American Money Market	%	%	%
Fidelity (VIP II) Asset Manager	%	%	%
Fidelity (VIP) High Income	%	%	%
Fidelity (VIP II) Index 500	%	%	%
Fidelity (VIP) Growth	%	%	%
Twentieth Century Select Investors	%	%	%
Twentieth Century Ultra Investors	%	%	%
Alger American Growth	%	%	%
Calvert Capital Accumulation	%	%	%
Fidelity (VIP II) Contrafund	%	%	%
Fidelity (VIP) Equity-Income	%	%	%
INVESCO Dynamics	%	%	%
PBHG Growth	%	%	%
T. Rowe Price Equity Income	%	%	%
Vanguard Explorer	%	%	%
Vanguard Short-Term Federal Bond	%	%	%
TOTALS	100%	100%	100%

Contributions, other than those directed to AUL's Fixed Interest Account, will be allocated to the Series Separate Account II. Each portfolio of the Series Separate Account II invests in shares of a specific mutual fund or mutual fund portfolio.

This election is effective on 7/ 1/95, or the date this signed form is received at the Home Office of American United Life Insurance Company in Indianapolis, Indiana.

I agree to be bound by all transactions that are initiated using my personal identification number (PIN) for the AUL Group Annuity contract listed on this form.

Participant Signature _____ Date _____