

Elective Deferral and Vendor Election Instructions

Please enroll in the 403(b) plan maintained by Bradley Bourbonnais CHSD 307 using the Elective Deferral and Vendor Election Form. New employees must complete all sections. Current participants need to complete the applicable sections to make changes to their current elective deferral amounts or their vendor(s). The instructions for each section of this form are provided below:

At the top of the form, the eligible Employee/Participant should check one of the options to indicate the reason for completing the form in order to ensure complete processing.

Section A	Your Info
	All Employees/Participants completing this form must enter the information requested in this section as indicated so that they will be properly identified as the originator of the election form.

Section B	Your Election
	<p>New Employees must complete this section and indicate the percentage of compensation or dollar amount they wish to contribute to the plan as a Pre-tax Elective Deferral, or as a Roth (After-Tax) Contribution.</p> <p>Current Participants should complete this section if they wish to change the percentage of compensation or dollar amount they are currently deferring to the plan as a Pre-tax Elective Deferral, or as a Roth (After-Tax) Contribution.</p> <p>Your deferrals will start once your Employer has had sufficient time to update their payroll system. If you do not see your deferral starting within a reasonable time, please contact your Employer.</p>

Section C	Your Vendor Direction
	<p>The vendors approved to receive current contributions are listed in this section. New Employees enrolling in the plan must complete this section of the form to choose the vendors to which they wish to invest contributions and to indicate the percentage of contribution or dollar amount that will be allocated to each vendor.</p> <p>Current participants should complete this section if they wish to make changes with whom they are investing their contributions. You must also indicate the account/contract number to which the monies are being allocated with the appropriate vendor. This information should be provided to you by the vendor at the time you opened the account/contract. If you have not established the account/contract, you cannot select the new vendor at this time.</p> <p>Once this information has been provided, CPI will input the election(s) amount along with the vendor(s) you have chosen for such allocations.</p> <p>Participants should complete the Employer Matching and Discretionary section(s), whether or not they are eligible. Since Bradley Bourbonnais CHSD 307 will be determining the amount to be allocated, we ask that you indicate the percentage that is to be allocated to each vendor.</p>

Section D	Sign
	New employees and current participants should read this section carefully and sign where indicated in order for their election(s) to take effect.

Mailing Instructions:

Upon completion of the Elective Deferral and Vendor Election Form, the form should be mailed, faxed, scanned or e-mailed to the following address:

CPI Common Remitter and Compliance Services
4903 10th Street
Great Bend, KS 67530
Fax: (620) 792-5622
E-mail: info@cpicrs.com

If you need assistance completing this form, you can call our Participant Service Center (877) 488-4040 from 7 a.m. to 7 p.m. Central Time, Monday through Friday. You can also send an e-mail to Participant.ServiceCenter@cpicrs.com. For prompt assistance, please have your six-digit plan reference number 102055, the last four digits of your social security number and date of birth available.

Elective Deferral and Vendor Election Form

Plan Name: Bradley Bourbonnais CHSD 307 403(b) PlanRef. No. 102055☐ **To Enroll:** Complete All Sections☐ **To Change Contribution Amount:** Complete Sections A, B and D☐ **To Change Vendors:** Complete Sections A, C and D☐ **To Change Contract/Account Number:** Complete All Sections

Please type or print clearly

Section A
Your Info

□□□-□□-□□□□

Last Name _____ First Name _____ M. I. _____ Social Security Number (SSN) _____

Email Address: _____ Daytime Phone Number: (____) _____

Section B
Your Election☐ **Salary Deferral** – I instruct my employer to deduct _____% or \$_____ of my pay on a pre-tax basis each pay period for investment with the specified vendors below.

(In the space provided, enter a whole percentage or dollar amount.)

☐ **Roth Contribution** – I instruct my employer to deduct _____% or \$_____ of my pay on an after-tax basis each pay period for investment with the specified vendors below into the designated Roth portion of my account.

(In the space provided, enter a whole percentage or dollar amount.)

Please indicate how you are making your election☐ as a percentage ☐ as a dollar amount

I direct that all future contributions be invested with the following vendor(s). Enter whole percentages in multiples of 1%. i.e., 2%, 3%, 4% or a dollar amount. If you have not established the account/contract, you cannot select the new vendor at this time.

Section C
Your Vendor Direction

Vendor Name	Percentage or Amount	Account/Contract Number
Ameriprise Financial Services Inc.		
AXA Equitable		
Mass Mutual Financial Group		
Pacific Life Insurance Company		
The Variable Annuity Life Insurance Company		
Total % or Dollar Amount		

Section C
Your Vendor Direction**Employer Matching Contribution** - You may be eligible for an Employer Matching Contribution. Please indicate below which vendor(s) you would like for your employer matching contribution to be invested with by providing the name of the vendor(s) and the percentage that is to be allocated.

I direct that all future employer matching contributions be invested with the following vendor(s). Enter whole percentages in multiples of 1%. i.e., 25%, 50%, 100%. Total percentage amount must equal 100%. If you have not established the account/contract, you cannot select the new vendor at this time.

Vendor Name	Percentage	Account/Contract Number
Total %		

Section C

Employer Discretionary Contribution - You may be eligible for an Employer Discretionary Contribution. Please indicate below which vendor(s) you would like for your employer discretionary contribution to be invested with by providing the name of the vendor(s) and the percentage that is to be allocated.

I direct that all future employer matching contributions be invested with the following vendor(s). Enter whole percentages in multiples of 1%. i.e., 25%, 50%, 100%. Total percentage amount must equal 100%. If you have not established the account/contract, you cannot select the new vendor at this time.

Vendor Name	Percentage	Account/Contract Number
Ameriprise Financial Services Inc.		

	AXA Equitable		
	Mass Mutual Financial Group		
	Pacific Life Insurance Company		
	The Variable Annuity Life Insurance Company		
	Total %		

Section D

Sign

By signing this form, I have authorized the Employer to deduct the amount(s) elected from my paycheck and transmit the contributions to the vendors as indicated. I certify that I have established a 403(b) account with the vendors selected above.

Participant

Date

