

Elective Deferral and Vendor Election Form

Plan Name: Bremen High School District 228 403(b) Plan

Ref. No. 105563

☐ **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

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

Email Address: _____ Daytime Phone Number: () _____

☒ **Salary Deferral** – I instruct my employer to deduct \$ _____ of my pay on a pre-tax basis each pay period for investment with the specified vendors below.
(In the space provided, enter a dollar amount.)

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

I direct that all future contributions be invested with the following vendor(s). Enter a dollar amount.
If you have not established the account/contract, you cannot select the new vendor at this time.

Vendor Name	Amount	Account/Contract Number
Ameriprise Financial Services Inc		
Aspire Financial Services, Inc		
AXA Equitable		
Commonwealth Annuity and Life Insurance Company		
Fidelity Investments		
First Investors Corporation		
Great American Financial Resources Incorporated		
ING Reliastar		
Lincoln Investment Planning		
Mass Mutual Financial Group		
MetLife		
MetLife (FASCORE)		
Oppenheimer Funds		
The Variable Annuity Life Insurance Company		
Vanguard		
Total Dollar Amount		

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 _____