

Elective Deferral and Vendor Election Form

Plan Name:	Elmwood Park CUSD 401 403(b) Plan	Ref. No.	105874
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Ref. No. 105874

- ☐ **To Change Contract/Account Number:** Complete All Sections

Section A Your Info	Please type or print clearly										
							<div style="border: 1px solid black; width: 25px; height: 25px; display: inline-block; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; display: inline-block; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; display: inline-block; margin: 0 5px;"></div> <div style="font-size: 20px; margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 25px; height: 25px; display: inline-block; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; display: inline-block; margin: 0 5px;"></div> <div style="font-size: 20px; margin: 0 5px;">-</div> <div style="border: 1px solid black; width: 25px; height: 25px; display: inline-block; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; display: inline-block; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; display: inline-block; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 25px; height: 25px; display: inline-block; margin: 0 5px;"></div>				
	Last Name			First Name			M. I.		Social Security Number (SSN)		
	Email Address: _____						Daytime Phone Number: (____) _____				

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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.)

☐ **457(b) Deferral** – I instruct my employer to deduct _____% or \$_____ of my pay each pay period for investment with the specified vendors below into the designated 457(b) portion of my account.
(In the space provided, enter a whole percentage or dollar amount.)

Your employer allows this election to be changed Monthly.

- Your employer allows this election to be changed Monthly.*

Please indicate how you are making your salary deferral 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.

Vendor Name	Percentage or Amount	Account/Contract Number
Ameriprise Financial Services Inc.		
Aspire Financial Services, Inc.		
AXA Equitable		
Commonwealth Annuity and Life Insurance Company, for itself, Protective Life, & Kemper Investors Life		
Lincoln Investment Planning		
Oppenheimer Funds		
Pacific Life Insurance Company		
Security Benefit Group of Companies		
The Variable Annuity Life Insurance Company		
Total % or Dollar Amount		

- as a dollar amount

If you have not established the account/contract, you cannot select the new vendor at this time.

Vendor Name	Percentage or Amount	Account/Contract Number
Ameriprise Financial Services Inc.		
Aspire Financial Services, Inc.		
AXA Equitable		
Commonwealth Annuity and Life Insurance Company, for itself, Protective Life, & Kemper Investors Life		
Lincoln Investment Planning		
Oppenheimer Funds		
Pacific Life Insurance Company		
Security Benefit Group of Companies		
The Variable Annuity Life Insurance Company		
Total % or Dollar Amount		

457(b) Deferral - Please indicate below which vendor(s) you would like for 457(b) deferral to be invested with by providing the name of the vendor(s) and the whole percentage or dollar amount 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%.

Section C
Your Vendor Direction

Vendor Name	Percentage or Amount	Account/Contract Number
Aspire Financial Services, Inc.		
AXA Equitable		
Commonwealth Annuity and Life Insurance Company, for itself, Protective Life, & Kemper Investors Life		
Lincoln Investment Planning		
Security Benefit Group of Companies		
The Variable Annuity Life Insurance Company		
Total % or Dollar Amount		

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