

Elective Deferral and Vendor Election Form

Plan Name: Glenbard Twp. HSD #87 403(b) Plan

Ref. No. 105922

☐ **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 \$_____ 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.)

☐ **457(b) Deferral** – I instruct my employer to deduct \$_____ of my pay on an after-tax basis 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 dollar amount.)

Your employer allows this election to be changed Semi-Annually.

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.

Section C
Your Vendor Direction

Vendor Name	Amount	Account/Contract Number
403(b) FundSource		
American Century Investments		
Ameriprise Financial Services Inc		
AXA Equitable		
Commonwealth Annuity and Life Insurance Company (Kemper)		
Fidelity Investments		
First Investors Corporation		
Franklin Templeton Investments		
Great American Financial Resources Incorporated		
ING Life Insurance and Annuity Company		
ING Reliastar		
Lincoln Investment Planning		
MetLife		
MetLife Investors		
Oppenheimer Funds		
Pacific Life Insurance Company		
Putnam Investments		
Security Benefit Group of Companies		
The Legend Group - ADSERV		

	The Variable Annuity Life Insurance Company		
	Waddell & Reed Financial Services		
Total Dollar Amount			

Section C
Your Vendor Direction

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
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