

Elective Deferral and Vendor Election Form

Plan Name: Oak Park & River Forest School District 403(b) Plan

Ref. No. 105995

☐ **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

Your Info
Section A

Please type or print clearly

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

Email Address: _____ Daytime Phone Number: () _____

Your Election
Section B

☒ **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.

Your Vendor Direction
Section C

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
403(b) FundSource		
Ameriprise Financial Services Inc.		
AXA Equitable		
Commonwealth Annuity and Life Insurance Company (Kemper)		
Fidelity Investments		
First Investors Corporation		
Great American Financial Resources Incorporated .		
ING Reliastar		
Lincoln Investment Planning Inc.		
MetLife of CT		
Pacific Life Insurance Company		
Security Benefit Life		
The Variable Annuity Life Insurance Company		
Waddell & Reed Financial Services		
Total Dollar Amount		

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
403(b) FundSource		
Ameriprise Financial Services Inc.		
AXA Equitable		
Commonwealth Annuity and Life Insurance Company (Kemper)		
Fidelity Investments		
First Investors Corporation		
Great American Financial Resources Incorporated .		
ING Reliastar		
Lincoln Investment Planning Inc.		
MetLife of CT		
Pacific Life Insurance Company		
Security Benefit Life		
The Variable Annuity Life Insurance Company		
Waddell & Reed Financial Services		
Total %		

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