

Elective Deferral and Vendor Election Form

Plan Name: Skokie School District 69 403(b) PlanRef. No. 106073☐ **To Enroll:** Complete All Sections☐ **To Change Contribution Amount:** Complete Sections A, B, C, D, and E☐ **To Change Vendors:** Complete Sections A, C, D, and E☐ **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.)

☐ **Roth Contribution** – 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 Roth portion of my account.

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

Please indicate how you are making your salary deferral 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
AXA Equitable		
Fidelity Investments		
Franklin Templeton Investments		
Great American Financial Resources Incorporated		
Lincoln Investment Planning		
The Variable Annuity Life Insurance Company		
Waddell & Reed Financial Services		
Total Dollar Amount		

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.

Section C
Your Vendor Direction

Vendor Name	Percentage	Account/Contract Number
AXA Equitable		
Fidelity Investments		
Great American Financial Resources Incorporated		
Lincoln Investment Planning		
The Variable Annuity Life Insurance Company		
Waddell & Reed Financial Services		
Total %		

Roth Contribution - Please indicate below which vendor(s) you would like for your Roth contribution to be invested with by providing the name of the vendor(s) and the 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	Amount	Account/Contract Number
AXA Equitable		
Great American Financial Resources Incorporated		
Lincoln Investment Planning		
The Variable Annuity Life Insurance Company		
Total 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