

Elective Deferral and Vendor Election Form

Plan Name: Sunnybrook SD 171 403(b) PlanRef. No. 106003☐ **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 amountI 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 | | |
| AXA Equitable | | |
| Great American Financial Resources Incorporated | | |
| The Legend Group - ADSERV | | |
| The Variable Annuity Life Insurance Company | | |
| | | |
| | | |
| 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