

Elective Deferral and Vendor Election Form

Plan Name: LaGrange-Highlands School District 106 403(b) Plan

Ref. No. 105857

- | | |
|---|--|
| <input type="checkbox"/> To Enroll: Complete All Sections
<input type="checkbox"/> To Change Vendors: Complete Sections A, C and D | <input type="checkbox"/> To Change Contribution Amount: Complete Sections A, B and D
<input type="checkbox"/> To Change Contract/Account Number: Complete <u>All</u> 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.)

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 .		
Ameriprise Financial Services Inc .		
AXA Equitable .		
Commonwealth Annuity and Life Insurance Company .		
Fidelity Investments .		
ING Reliastar .		
Lincoln Investment Planning .		
The Variable Annuity Life Insurance Company .		
USAA .		
Waddell & Reed Financial Services .		
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