

Elective Deferral and Vendor Election Form

Plan Name: Maercker School Dist. No. 60 403(b) Plan

Ref. No. 105697

- | | |
|---|--|
| <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

□	□	□	-	□	□	-	□	□	□	□
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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 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		
Commonwealth Annuity and Life Insurance Company		
Fidelity Investments		
Horace Mann Companies		
ING Reliastar		
Lincoln Investment Planning		
Putnam Investments		
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