

Elective Deferral and Vendor Election Form

Plan Name: Queen Bee Schools, District No. 16 403(b) Plan

Ref. No. 104951

- | | |
|--|--|
| <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 | <input type="checkbox"/> Salary Deferral – I instruct my employer to deduct _____% or \$_____ of my pay on a pre-tax basis each pay period for investment with the specified vendors below.
(In the space provided, enter a whole percentage or dollar amount.) |
| | <input type="checkbox"/> Roth Contribution – I instruct my employer to deduct _____% or \$_____ 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 whole percentage or dollar amount.) |
| | <input type="checkbox"/> 457(b) Deferral – I instruct my employer to deduct _____% or \$_____ 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 whole percentage or dollar amount.) |

Please indicate how you are making your election as a percentage as a dollar amount

I direct that all future contributions be invested with the following vendor(s). Enter whole percentages in multiples of 1%. i.e., 2%, 3%, 4% or a dollar amount. If you have not established the account/contract, you cannot select the new vendor at this time.

Vendor Name	Percentage or Amount	Account/Contract Number
403(b) FundSource GK		
American Century Investments GK		
AXA Equitable GK		
Fidelity Investments GK		
Great American Financial Resources Incorporated GK		
Horace Mann Companies GK		
Lincoln Investment Planning Inc.		
Oppenheimer Funds GK		
Waddell & Reed Financial Services GK		
Total % or Dollar Amount		

Section C
Your Vendor Direction

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