

Elective Deferral and Vendor Election Form

Plan Name: Berkeley School District No. 87 403(b) Plan

Ref. No. 105466

- To Enroll:** Complete All Sections
 To Change Contribution Amount: Complete Sections A, B and D
 To Change Vendors: Complete Sections A, C and D

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.)

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.

Vendor Name

Amount

AXA Equitable	
Lincoln Investment Planning Inc.	
MetLife	
The Variable Annuity Life Insurance Company	
Total 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