

Elective Deferral and Vendor Election Form

Plan Name: Lombard School District 44 403(b) Plan

Ref. No. 105906

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

Section A
Your Info

Please type or print clearly

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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.)

Section C
Your Vendor Direction

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
403(b) FundSource		
American Century Investments		
Ameriprise Financial Services Inc.		
AXA Equitable		
Fidelity Investments		
Franklin Templeton Investments		
Great American Financial Resources Incorporated		
ING Life Insurance and Annuity Company		
Lincoln Investment Planning Inc.		
Oppenheimer Funds		
The Variable Annuity Life Insurance Company		
Thrivent Financial for Lutherans		
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