



# Salary Reduction Agreement Elective Deferral and Vendor Election Form



Plan Name: Township High School District 214 403(b) and 457(b) Plan

Ref. No. 105934

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

- 403(b) Salary Deferral** – I instruct my employer to deduct a total of \$\_\_\_\_\_ from my pay on a pre-tax basis each pay period for investment with the specified vendors below into the designated 403(b) portion of my account.
- 457(b) Salary Deferral** – I instruct my employer to deduct a total of \$\_\_\_\_\_ from my pay on a pre-tax basis each pay period for investment with the specified vendors below into the designated 457(b) portion of my account.

*Your employer allows this election to be changed once each quarter. If you are opening/modifying a 403(b) AND a 457(b), you must complete one form for each.*

**Please indicate how you are making your election**

**Important: Your account must be established prior to submitting this form.**

I direct that all future contributions be invested with the following vendor(s). Enter a dollar amount.

Section C  
Your Vendor Direction

Vendor Name	403(b) Dollar Amount	457(b) Dollar Amount	Account/Contract Number
403(b) FundSource			
American Century Investments			
Ameriprise Financial Services Inc.			
AXA Equitable			
Commonwealth Annuity and Life Insurance Company (Kemper)			
First Investors Corporation			
Franklin Templeton Investments			
Great American Financial Resources Incorporated (GALIC)			
Horace Mann Companies			
Lincoln Financial Group			
Lincoln Investment Planning Inc.			
MetLife			
MetLife Investors			
MetLife of CT (Travelers)			
Oppenheimer Funds			
P & A Group			
Putnam Investments			
The Variable Annuity Life Insurance Company (VALIC)			
<b>Total Dollar Amount</b>			

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) and/or a 457(b) account with the vendors selected above.

\_\_\_\_\_

**Participant**

\_\_\_\_\_

**Date**

**If you are opening/modifying a 403(b) AND a 457(b), you must complete a form for each.  
Your account must be established prior to submitting this form to payroll.**