

Elective Deferral and Vendor Election Form

Plan Name: Evanston/Skokie School District 65 403(b) Plan

Ref. No. 104010

To Enroll: Complete All Sections

To Change Contribution Amount: Complete Sections A, B and D

To Change Vendors: Complete Sections A, C and D

To Change Contract/Account Number: Complete All Sections

Please type or print clearly

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Section A
Your Info

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.)

457(b) Deferral – I instruct my employer to deduct \$ _____ of my pay 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 dollar amount.)

Section B
Your Election

Please indicate how you are making your election

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
Ameriprise Financial Services Inc.		
AXA Equitable		
Commonwealth Annuity & Life Insurance Company for itself, Protective Life, and Kemper Investors Life		
Fidelity Investments		
Horace Mann Companies		
ING		
Lincoln Investment Planning Inc.		
Woodbury		
Oppenheimer Funds		
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