Elective Deferral and Vendor Election Form

Plan Name: Northern Suburban Special Education District 403(b) Plan Ref. No. 105971

- ☐ **To Enroll:** Complete All Sections
- ☐ **To Change Vendors:** Complete Sections A, C and D
- ☐ **To Change Contribution Amount:** Complete Sections A, B and D
- ☐ **To Change Contract/Account Number:** Complete All Sections

Section A Your Info

Please type or print clearly

☐☐☐-☐☐-☐☐☐☐

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
AXA Equitable GK		
Commonwealth Annuity and Life Insurance Company GK		
Fidelity Investments GK		
First Investors Corporation GK		
Great American Financial Resources Incorporated GK		
Lincoln Investment Planning Inc. GK		
Mass Mutual Financial Group		
Pacific Life Insurance Company		
The Variable Annuity Life Insurance Company		
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