

Elective Deferral and Vendor Election Form

Plan Name: Palos Community Consolidated School District 118 403(b) Plan

Ref. No. 106010

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

Please type or print clearly

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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.)

Your employer allows this election to be changed Quarterly.

Please indicate how you are making your salary deferral 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
Aspire Financial Services, Inc		
AXA Equitable		
Commonwealth Annuity and Life Insurance Company, for itself, Protective Life, & Kemper Investors Life		
Fidelity Investments		
First Investors Corporation		
Great American Financial Resources Incorporated		
ING Reliastar		
Lincoln Investment Planning		
MetLife		
Oppenheimer Funds		
Putnam Investments		
The Variable Annuity Life Insurance Company		
Thrivent Financial for Lutherans		
Total Dollar Amount		

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 _____