

Elective Deferral and Vendor Election Form

Plan Name: Lockport Township High School District 205 403(b) Plan

Ref. No. 105903

☐ **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

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

☐ **Salary Deferral** – I instruct my employer to deduct _____ % or \$ _____ of my pay on a pre-tax basis each pay period for investment with the specified vendors below.

(In the space provided, enter a whole percentage or dollar amount.)

☐ **Roth Contribution** – I instruct my employer to deduct _____ % or \$ _____ of my pay on an after-tax basis each pay period for investment with the specified vendors below into the designated Roth portion of my account.

(In the space provided, enter a whole percentage or dollar amount.)

Please indicate how you are making your election

☐ as a percentage

☐ as a dollar amount

I direct that all future contributions be invested with the following vendor(s). Enter whole percentages in multiples of 1%. i.e., 2%, 3%, 4% or a dollar amount. If you have not established the account/contract, you cannot select the new vendor at this time.

Section C
Your Vendor Direction

Vendor Name	Percentage or Amount	Account/Contract Number
403(b)FundSource		
Ameriprise Financial Services, Inc.		
AXA Equitable		
Fidelity Investments		
Franklin Templeton Investments		
ING Life Insurance and Annuity Company		
ING Reliastar		
Lincoln Investment Planning		
Oppenheimer Funds		
Pacific Life Insurance Company		
Putnam Investment		
The Variable Annuity Life Insurance Company .		
Waddell & Reed		
Total % or Dollar Amount		

Employer Discretionary Contribution - You may be eligible for an Employer Discretionary Contribution. Please indicate below which vendor(s) you would like for your employer discretionary contribution to be invested with by providing the name of the vendor(s) and the percentage that is to be allocated.

I direct that all future employer matching contributions be invested with the following vendor(s). Enter whole percentages in multiples of 1%. i.e., 25%, 50%, 100%. Total percentage amount must equal 100%. If you have not established the account/contract, you cannot select the new vendor at this time.

Vendor Name	Percentage	Account/Contract Number
403(b)FundSource		
Ameriprise Financial Services, Inc.		
AXA Equitable		
Fidelity Investments		
Franklin Templeton Investments		
ING Life Insurance and Annuity Company		
ING Reliastar		
Lincoln Investment Planning		
Oppenheimer Funds		
Pacific Life Insurance Company		
Putnam Investment		
The Variable Annuity Life Insurance Company .		
Waddell & Reed		
Total %		

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