

Elective Deferral and Vendor Election Form

Plan Name: Lyons Elementary School District 103 403(b) Plan

Ref. No. 105912

- ☐ **To Change Contract/Account Number:** Complete All Sections

Section A
Your Info

Please type or print clearly

- -

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.)
- ☐ **Roth Contribution** – I instruct my employer to deduct \$_____ 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 dollar amount.)
- ☐ **457(b) Deferral** – I instruct my employer to deduct \$_____ of my pay on an after-tax basis 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.)

Your employer allows this election to be changed Monthly.

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 | | |
| First Investors Corporation GK | | |
| Great American Financial Resources Incorporated GK | | |
| The Variable Annuity Life Insurance Company GK | | |
| Waddell & Reed Financial Services GK | | |
| Total 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 |
|--|------------|-------------------------|
| AXA Equitable GK | | |
| First Investors Corporation GK | | |
| Great American Financial Resources Incorporated GK | | |
| The Variable Annuity Life Insurance Company GK | | |
| Waddell & Reed Financial Services GK | | |
| Total % | | |

Section D

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 _____