



For Office Use Only:

Participant: New _____ Update _____
Contribution: Increase _____ Decrease _____
Allocation Change: Current _____ Future _____

Participant Enrollment/ Investment Election Form

ESSDACK Consortium 457(b) Retirement Plan

PARTICIPANT INFORMATION (Please Print Information Clearly)

Full Name: _____ Date of Birth: _____

Street: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Phone: _____ Marital Status: ___ Married ___ Single ___ Divorced

Date of Hire: _____ School District: _____

Home Email Address: _____ Work Email Address: _____

Electronic Statements Only: ___ Yes ___ No

CONTRIBUTION ELECTION: Elective Deferrals (combined annual maximum of \$23,000 annually/ \$1,916.67 monthly)

- I elect to participate and contribute \$ _____ or _____ % of compensation per pay period on a pre-tax basis (\$23,000 max)
- I elect to participate and contribute \$ _____ or _____ % of compensation per pay period on a Roth basis (\$23,000 max)
- I elect not to make deferrals until I indicate otherwise. I understand that if I do not participate now, or I discontinue participation, I will not be allowed to begin deferrals until the next available enrollment date.

Catch-Up Contributions: If you will be at least 50 years old as of December 31st of the current year, and you contribute the maximum to the plan, you are entitled to make an additional "catch-up" contribution of up to \$7,500 under current law.

SIGNATURES:

Participant Signature: _____ Date: _____

Plan Sponsor Signature: _____ Date: _____

For more information about your plan, you can call (877) 410-9984 (ext 4015), or access the internet site at <https://www.yourbenefitaccount.net/yourfutureisdaily/>

INVESTMENT ELECTION:

I authorize all contributions to be invested as follows

INVESTMENT NAME	TICKER SYMBOL	INVEST FOLLOWING PERCENTAGE PER FUND
ESSDACK 80/20 Growth Index Model		%
ESSDACK Conservative Model		%
ESSDACK Balanced Model		%
ESSDACK Moderate Growth Model		%
ESSDACK Growth Model		%
ESSDACK Aggressive Growth Model		%
American Century Emerging Markets	AEDMX	%
American Century Equity Income	AEUDX	%
American Century One Choice In Retirement Portfolio	ARDTX	%
American Century One Choice 2025 Portfolio	ARWDX	%
American Century One Choice 2030 Portfolio	ARCUX	%
American Century One Choice 2035 Portfolio	ARLDX	%
American Century One Choice 2040 Portfolio	ARDUX	%
American Century One Choice 2045 Portfolio	ARDOX	%
American Century One Choice 2050 Portfolio	ARFEX	%
American Century One Choice 2055 Portfolio	AREUX	%
American Century One Choice 2060 Portfolio	ARGDX	%
American Century One Choice 2065 Portfolio	ARHSX	%
American Funds AMCAP	RAFEX	%
American Funds Capital Income Builder	RIREX	%
BrandywineGLOBAL High Yield IS	BGHSX	%
Dodge & Cox Stock	DODGX	%
Fidelity 500 Index Fund	FXAIX	%
Fidelity International Index	FSPSX	%
Fidelity Low-Priced Stock	FLKSX	%
Fidelity Mid Cap Index	FSMDX	%
FMI International	FMIJX	%
Franklin Mutual Global Discovery Fund	TEDIX	%
Franklin Rising Dividends	FRDRX	%
Hartford Short Duration	HSDTX	%
Invesco Short Term Bond	ISTFX	%
Janus Balanced	JBALX	%
Janus Research Fund	JAMRX	%
Jennison Health Sciences	PHLAX	%
Putnam Small Cap Growth Y	PSYGX	%
MFS Mid Cap Growth	OTCKX	%
Royce International Premier	RIPNX	%
Royce Opportunity Institutional	ROFIX	%
T. Rowe Price Real Estate Fund	TRREX	%
T. Rowe Price Value Fund	TRVLX	%
Vanguard Treasury Money Market	VUSXX	%
Vanguard Intermediate Term Bond Index	VBILX	%
Vanguard Small Cap Growth Index	VSGAX	%
Western Asset Core Bond	WAPIX	%
TOTAL:		%

****If you make no investment elections, you will be defaulted into an American Century One Choice fund based on your estimated retirement date.****

1. Plan Participant Information

Employer Name: _____
 Plan Name: _____
 Participant Name: _____
 Home Address: _____
 City: _____ State: _____ Zip Code: _____
 Social Security Number: XXX-XX-_____ Birth Date: _____
 Email Address: _____ Phone Number: _____

2. Revocation of Previous Designations

I hereby revoke any Designation of Beneficiary I may previously have made under the above plan and designate the following as my Beneficiary(ies) under the Plan.

3. Primary Beneficiary(ies)

Name	Per stirpes	Relationship	Social Security Number	Date of Birth	% Share
_____	_____	_____	XXX-XX-_____	_____	_____
_____	_____	_____	XXX-XX-_____	_____	_____
_____	_____	_____	XXX-XX-_____	_____	_____
_____	_____	_____	XXX-XX-_____	_____	_____

4. Contingent Beneficiary(ies)

Name	Per stirpes	Relationship	Social Security Number	Date of Birth	% Share
_____	_____	_____	XXX-XX-_____	_____	_____
_____	_____	_____	XXX-XX-_____	_____	_____
_____	_____	_____	XXX-XX-_____	_____	_____
_____	_____	_____	XXX-XX-_____	_____	_____

5. Current Marital Status & Participant Approval

- A. **I am not married.** I understand that if I become married in the future, this form automatically ceases to apply, and I should file a new Designation of Beneficiary.
- B. **I am married.** If my spouse is not the only Primary Beneficiary, my spouse has signed the consent below. (If consent of your spouse cannot be obtained - e.g. cannot be located or is incapacitated – contact your employer for information about possible alternatives.) I understand that if my marital status changes, this Designation will nevertheless remain in effect until I file a new Designation.

Participant Signature: _____ Date: _____

6. Spouse’s Consent

I hereby approve of, and consent to, the beneficiary designation adopted by my spouse as provided above. I understand that I am entitled to receive a spouse’s benefit under the Plan unless I consent to a different beneficiary designation. I also understand that the above designation has the effect of causing the death benefit under the Plan to be paid to another beneficiary. I further understand that my spouse may not change the primary beneficiary designation above without first obtaining my written consent.

Spouse’s Name: _____ Spouse’s Signature: _____ Date: _____

7. Notary Public Witness or Plan Administrator Approval

Sworn to, and witnessed by me, this _____ Day of _____ (month), _____.

Name of Notary Public: _____

Notary Public’s Signature: _____



If not notarized, witnessed by Plan Trustee or Authorized Signer:

Signature of Trustee/Authorized Signer: _____ Date: _____