

# Elective Deferral and Vendor Election Form

Plan Name: Alexander Local Schools (Southern Valley) 403(b) Plan

Ref. No. 105830

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| <input type="checkbox"/> <b>To Enroll:</b> Complete All Sections<br><input type="checkbox"/> <b>To Change Vendors:</b> Complete Sections A, C and D | <input type="checkbox"/> <b>To Change Contribution Amount:</b> Complete Sections A, B and D<br><input type="checkbox"/> <b>To Change Contract/Account Number:</b> Complete <u>All</u> Sections |
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**Section A**  
Your Info

Please type or print clearly

	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Last Name	First Name	M. I.
Email Address: _____		Social Security Number (SSN)
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.)

**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
Ameriprise Financial Services Inc		
Aspire Financial Services, Inc		
Horace Mann Companies		
ING Life Insurance and Annuity Company		
ING Reliastar		
The Variable Annuity Life Insurance Company		
<b>Total Dollar Amount</b>		

**Section C**  
Your Vendor Direction

**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
Ameriprise Financial Services Inc		
Aspire Financial Services, Inc		
Horace Mann Companies		
ING Life Insurance and Annuity Company		
ING Reliastar		
The Variable Annuity Life Insurance Company		

<b>Total %</b>		
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**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