

## Elective Deferral and Vendor Election Instructions

Please enroll in the 403(b) plan maintained by Indian Prairie School District 204 using the Elective Deferral and Vendor Election Form. This form is available at <http://ipsdweb.ipsd.org/Subpage.aspx/SubHub>. New employees must complete all sections. Current participants need to complete the applicable sections to make changes to their current elective deferral amounts or their vendor(s). The instructions for each section of this form are provided below:

At the top of the form, the eligible Employee/Participant should check one of the options to indicate the reason for completing the form in order to ensure complete processing.

<b>Section A</b>	<b>Your Info</b>  All Employees/Participants completing this form must enter the information requested in this section as indicated so that they will be properly identified as the originator of the election form.
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<b>Section B</b>	<b>Vendor Info</b>  All Employees/Participants completing this form must enter the information requested in this section as indicated so their vendor is properly identified. <b>THIS SECTION MUST BE COMPLETED OR THE FORM WILL NOT BE ACCEPTED FOR PROCESSING.</b>
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<b>Section C</b>	<b>Your Election</b>  <b>New Employees</b> must complete this section and indicate the percentage of compensation or the dollar amount they wish to contribute to the plan. <b>Current Participants</b> should complete this section if they wish to change the percentage of compensation or the dollar amount they are currently deferring to the plan.  Your deferrals will start based on the schedule in the attached document Due Dates to receive 403(b) Elective Deferral and Vendor Election Forms.
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<b>Section D</b>	<b>Your Vendor Direction</b>  The vendors approved to receive current contributions are listed in this section. <b>New Employees</b> enrolling in the plan must complete this section of the form to choose the vendors to which they wish to invest contributions and to indicate the percentage of contribution or the dollar amount that will be allocated to each vendor. <b>Current participants</b> should complete this section if they wish to make changes with whom they are investing their contributions.
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<b>Section E</b>	<b>Sign</b>  New employees and current participants should read this section carefully and sign where indicated in order for their election(s) to take effect.
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<b>Mailing Instructions:</b>  Upon completion of the Elective Deferral and Vendor Election Form, the form should be delivered to the Business Office at the CEC or faxed to 630-375-3002. If the form is faxed, please email <a href="mailto:Lolita_roberts@ipsd.org">Lolita_roberts@ipsd.org</a> to confirm receipt.
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## Elective Deferral and Vendor Election Form

Plan Name: Indian Prairie School District 204 403(b) Plan

Ref. No. **103468**

- To Enroll: Complete All Sections**
 **To Change Contribution Amount (NO CHANGE IN VENDORS):**  
Complete Sections **A, C, D and E**

**Section A**  
Your Info

Please type or print clearly

-   -

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **M. I.** \_\_\_\_\_ **Social Security Number (SSN)** \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Daytime Phone Number: ( ) \_\_\_\_\_

**Section B**  
Vendor Info

THIS SECTION MUST BE COMPLETED OR THE FORM WILL NOT BE ACCEPTED FOR PROCESSING.

**Company Name** \_\_\_\_\_ **Account Number** \_\_\_\_\_  
**Broker** \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
**Signature:** \_\_\_\_\_ Number: \_\_\_\_\_

**Section C**  
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.)

**Section D**  
Your Vendor Direction

**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.

Vendor Name	Amount/Percentage	
403(b) Fund Source		
Ameriprise Financial Services Inc.		
AXA Equitable		
Commonwealth Annuity and Life Insurance Company, for itself, Protective Life & Kemper Investors Life		
First Investors Corporation		
Galic Disbursing Company		
Horace Mann Companies		
ING Life Insurance Company		
ING Reliastar		
Lincoln Investment Planning Inc.		
Metropolitan Life Insurance Company		
Oppenheimer		
Putnam		
Securities America		
Security Benefit Group of Companies		
The Legend Group - ADSERV		

	The Variable Annuity Life Insurance Company		
	Thrivent Financial for Lutherans		
	Waddell & Reed Financial Services		
	[REDACTED]		
	<b>Total % or Dollar Amount</b>		

<b>Section E</b> 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

This Elective Deferral and Vendor Election Form must be received in the Business Office by the Form Due Date listed below to ensure processing by the corresponding Payroll Date

Payroll Date	Form Due Date
10/15/2009	10/7/2009
10/30/2009	10/19/2009
11/13/2009	11/3/2009
11/30/2009	11/17/2009
12/15/2009	12/2/2009
12/23/2009	12/17/2009
1/15/2010	1/5/2010
1/29/2010	1/19/2010
2/12/2010	2/2/2010
2/26/2010	2/16/2010
3/15/2010	3/2/2010
3/31/2010	3/16/2010
4/15/2010	4/2/2010
4/30/2010	4/19/2010
5/14/2010	5/3/2010
5/28/2010	5/18/2010
6/15/2010	6/2/2010
6/30/2010	6/17/2010