

For Office Use Only:

Participant: New _____ Update _____

Contribution: Increase _____ Decrease _____

Allocation Change: Current _____ Future _____

Participant Enrollment/ Investment Election Form

ESSDACK Consortium 403(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: _____

CONTRIBUTION ELECTION: Elective Deferrals (combined annual maximum of \$22,500 annually/ \$1,875 monthly)

- I elect to participate and contribute \$ _____ or _____% of compensation per pay period on a pre-tax basis (\$22,500 max)
- I elect to participate and contribute \$ _____ or _____% of compensation per pay period on a Roth basis (\$22,500 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) 311-0303, or access the internet site at <https://www.retirementaccountlogin.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 Value Model		%
ESSDACK Conservative Model		%
ESSDACK Balanced Model		%
ESSDACK Moderate Growth Model		%
ESSDACK Growth Model		%
ESSDACK Aggressive Growth Model		%
Alger Dynamic Opportunities	ADOZX	%
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 Funds AMCAP	RAFEX	%
American Funds Capital Income Builder	RIREX	%
BrandywineGLOBAL Global High Yield	LMZIX	%
Delaware SC Value Fund	DEVIX	%
Dodge & Cox Stock	DODGX	%
Fidelity 500 Index Fund	FXAIX	%
Fidelity International Index	FSPSX	%
Fidelity Low-Priced Stock	FLKSX	%
FidelityMid CapIndex	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	%
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	%
VanguardIntermediate TermBond Index	VBILX	%
VanguardSmall Cap GrowthIndex	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.

Designation of Beneficiary Form
ESSDACK Consortium 403(b) Plan

PARTICIPANT INFORMATION (Please Print Information Clearly)

Employee Name: _____ Social Security #: xxx-xx-____ D.O.B. ____

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

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

Primary Beneficiary(ies)

<i>Name</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>% Share</i>
_____	_____	_____	_____%
_____	_____	_____	_____%
_____	_____	_____	_____%

Contingent Beneficiary(ies)

<i>Name</i>	<i>Relationship</i>	<i>Date of Birth</i>	<i>% Share</i>
_____	_____	_____	_____%
_____	_____	_____	_____%
_____	_____	_____	_____%

Current Marital Status (check one)

- 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.
- I am married. If my spouse is NOT the only Primary Beneficiary, my spouse has signed the consent on this form. (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's Signature _____

Date _____

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 hereof without first obtaining my written consent.

Name of Spouse

Spouse's Signature

Date

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

Name of Notary Public: _____

Notary Public's Signature: _____

If not notarized, witnessed by:

Name of Plan Administrator

Plan Administrator's Signature

Date