

InR 457 Plan Enrollment Form

New Participant
 Address Change
 Contribution Change
 Account # _____ (office use)

1. PERSONAL INFORMATION

Employer: _____

First Name: _____ M.I. _____ Last Name: _____

Social Security Number: _____ Birth Date: _____ Hire Date: _____

Address: _____
Street City State Zip

Phone Number: _____ Email: _____ Marital Status: Single Married

2. CONTRIBUTIONS

I wish to contribute _____ % of my salary per pay period

I wish to contribute _____ \$ of my salary per pay period

I do not wish to participate at this time

Start date for contributions: _____ or Please choose start date closest to next payroll cycle

3. SELECT YOUR INVESTMENTS

To invest in a predefined Model Portfolio select from the list below. You may elect only one model allocation and the default percentage is automatically a 100%.

- | | | |
|-----------------------------------|--------------------------|------|
| CONSERVATIVE PORTFOLIO | <input type="checkbox"/> | 100% |
| MODERATELY CONSERVATIVE PORTFOLIO | <input type="checkbox"/> | 100% |
| MODERATE PORTFOLIO | <input type="checkbox"/> | 100% |
| MODERATELY AGGRESSIVE PORTFOLIO | <input type="checkbox"/> | 100% |
| AGGRESSIVE PORTFOLIO | <input type="checkbox"/> | 100% |

-OR- To create your own asset allocation, simply enter an amount from 1% to 100% in the row associated with that fund. The percentage allocations must total 100%. Any percentage remaining will automatically be allocated to the default investment for the Plan.

VEMAX	Vanguard Emerging Markets Stock Index Admiral	Emerging Markets Equity	_____ %
VEUSX	Vanguard European Stock Index Admiral	European Region Equity	_____ %
VIGAX	Vanguard Growth Index Admiral	US Large Cap Equity	_____ %
VIPSX	Vanguard Inflation-Protected Secs Investor	US Inflation Protected Bonds	_____ %
VBILX	Vanguard Interm-Term Bond Inx Admiral	US Fixed Income	_____ %
VLCAX	Vanguard Large Cap Index Admiral	US Large Cap Equity	_____ %
VIMAX	Vanguard Mid Cap Index Admiral	US Mid Cap Equity	_____ %
VMGIX	Vanguard Mid-Cap Growth Index Investor	US Mid Cap Equity	_____ %
VMVIX	Vanguard Mid-Cap Value Index Investor	US Mid Cap Equity	_____ %
VGPMX	Vanguard Precious Metals and Mining Investor	Commodities	_____ %
VGSLX	Vanguard REIT Index Admiral	REIT	_____ %
VBIRX	Vanguard Short-Term Bond Index Admiral	US Fixed Income	_____ %
VISGX	Vanguard Small Cap Growth Index Investor	US Small Cap Equity	_____ %
VSMAX	Vanguard Small Cap Index Admiral	US Small Cap Equity	_____ %
VISVX	Vanguard Small Cap Value Index Investor	US Small Cap Equity	_____ %
VBTLX	Vanguard Total Bond Market Index Admiral	US Fixed Income	_____ %
VTIAX	Vanguard Total International Stock Index Admiral	International Equity	_____ %
VTSAX	Vanguard Total Stock Markets Index Admiral	US Large Cap Equity	_____ %
VVIAX	Vanguard Value Index Admiral	US Large Cap Equity	_____ %
MF4470	Reliance Trust Stable Value MetLife GAC Ser 25053	Stable Value	_____ %

PLEASE NOTE: Your total must equal 100% **TOTAL** _____ %

Do you want to have your account automatically rebalanced? Yes No

This feature, if elected, automatically rebalances the investments in your account quarterly (on or about 3/15, 6/15, 9/15 & 12/15) to maintain the asset allocations that you elect.

I, the undersigned, consent to making the preceding salary deferral election and investment election. I understand that payroll will begin processing my elections and/or changes as soon as possible.

Participant Signature: _____ Date: _____

- Initial Designation
- Change

Participant Name: _____

4. NAME YOUR BENEFICIARIES

Primary Beneficiary(ies): I designate the following person(s) below as my primary beneficiary(ies) to receive payment of the value of my 457 account upon my death.

Name:		% Share:
Social Security #:	Relationship:	
Address:		
City, State, Zip:		Phone Number:
Name:		% Share:
Social Security #:	Relationship:	
Address:		
City, State, Zip:		Phone Number:
PLEASE NOTE: If you designate more than one beneficiary, the percentage allocations must add up to 100%		

Contingent Beneficiary(ies): If no primary beneficiary(ies) survives me, I designate that the balance of my 457 account be distributed to my contingent beneficiary(ies) below.

Name:		% Share:
Social Security #:	Relationship:	
Address:		
City, State, Zip:		Phone Number:
Name:		% Share:
Social Security #:	Relationship:	
Address:		
City, State, Zip:		Phone Number:
PLEASE NOTE: If you designate more than one contingent beneficiary, the percentage allocations must add up to 100%		

I understand that if no beneficiary survives me or if my beneficiary(ies) cannot be located, the plan will distribute the benefits to my estate. I understand that if I fail to indicate share percentages, all benefits will be divided equally among the beneficiaries I designate.



Participant Signature

Date

(Updated 3/2017)