

Step 1 - 403(b) ENROLLMENT FORM

Please return this form to your Human Resources office after completing.

PARTICIPANT INFORMATION

School Name: _____ Hire Date: _____

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____

Street Address (if different from above): _____

City, State, Zip: _____

Cell Number: _____ Home Number: _____

Social Security #: -- Marital Status: Single Married

Email: _____ Birth Date: _____

ENROLLMENT ELECTION

Regular 403(b) Contributions (pre-tax): I elect to participate in the Plan and authorize a deduction from my paycheck in the amount of \$ _____ or _____% of my salary per pay period.

I do not wish to participate at this time: Completion of Participant Info. above is still required.

I agree that my pay will be reduced in the manner I have indicated above and that those dollars will be deferred into the 403(b) Plan. This Elective Deferral Agreement will continue to be in effect while I am employed, unless I change or terminate it. I acknowledge that I have read this entire agreement, understand it, and agree to its terms. In the event that an erroneous contribution or excess contribution is made to my account, I authorize my employer to make necessary corrections to ensure elective deferrals made to my account are in accord with the limits specified in the following sections of the Internal Revenue Code: the elective deferral limitations in Sections 402(g) and 414(v) and the annual additions limitations in Section 415(c). I have reviewed the respective website regarding the 403(b)(7) Custodial Account Agreement and I adopt the terms of the 403(b)(7) Plan and appoint MG Trust Company as custodian (does not apply if another custodian / annuity is chosen, subject to plan document and sponsor). I authorize MG Trust Company or its agent to perform those functions and appropriate administration services as specified. I understand fees will be collected by redeeming sufficient shares from my account balance or if money is common remitted to an outside vendor; fees can be collected during that process. Fees are calculated and collected quarterly in advance.

I authorize 403b Consultants LLC, ASPire and their agents to act on any instructions believed to be genuine for any service authorized on this form, including telephone/computer services. The parties will use reasonable procedures to verify the identity of the account holder and the person(s) granted trading privileges, if applicable when servicing an account by telephone. I understand that it is their policy to accept transaction instructions from and provide account information to the registered account owner(s) only, unless the account owner(s) has provided written authorization to the parties to grant trading privileges to another person. I further understand that it is my responsibility to monitor the activity in my account and not to provide account information, including my online user name and password to anyone, 403b Consultants LLC, ASPire and their agents are not liable for any losses that may occur from acting on unauthorized instructions.

Employee is responsible for providing the necessary information at the time of initial enrollment and later if there are any changes in any information necessary or advisable for Employer to administer the plan. Employee is responsible for determining that the salary reduction amount does not exceed the limits set forth in applicable law. Furthermore, Employee agrees to indemnify and hold Employer harmless against any and all actions, claims, and demands whatsoever that may arise from the purchase of annuities or custodial accounts. Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness, or tax consequences with regard to his/her selection of the annuity and / or custodial account. Nothing herein shall affect the terms of employment between Employer and Employee. This agreement supersedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

Employee is responsible for naming a death beneficiary under annuity contracts or custodial accounts. Employee acknowledges that this is normally done at the time the contract or account is established and reviewed periodically.

Employee is responsible for all distributions and any other transactions with 403b Consultants LLC. All rights under contracts or accounts are enforceable solely by Employee, Employee beneficiary, or Employee's authorized representative. Employee must deal directly with 403b Consultants LLC to make loans, transfers, apply for hardship distributions, or any other transaction.

Participant Signature: _____ **Date:** _____

Step 3 - INVESTMENT ELECTION FORM

Use this form to make your investment elections for your account

Consult with your Financial Advisor regarding the available mutual fund investment choices for your 403b account. For questions regarding the investment choices visit your Plans' dedicated 403(b) website: www.403bplan.net.

SELECT YOUR INVESTMENTS

A. Predefined Model Portfolios: You may elect one model allocation and the default percentage is automatically 100% (Go to www.403bplan.net for details)

Fund 100 Fund 80 Fund 60 Fund 40 Income Fund

HIGH
▲
▲
▲
▲
▲
LOW

Risk/Return Chart

B. Self-Directed (Go to www.403bplan.net for details)

C. Financial Advisor (Complete Step 4 - Fill out Appointment of: Investor Advisor Representative OR Broker Dealer form)

IF YOU CHOSE OPTION "B" or "C"

To create your own asset allocation: Enter the desired percentage in the row associated with the corresponding fund. The percentage allocations must total 100%. Any percentage remaining will automatically be allocated to the default investment for the plan.

(To view available fund listings go to www.403bplan.net and click on either "Participants" or "Financial Advisor.")

Ticker Symbol	Investment Name	Allocation %
		%
		%
		%
		%
		%
		%
		%
		%

PLEASE NOTE: Your total must equal 100% _____ %

REBALANCE EXISTING ACCOUNT BALANCE

This feature rebalances the investments in your account into your new investment election (above). If nothing is selected, your current account balance will **NOT** be rebalanced to reflect your new investment allocation. Yes No

AUTOMATIC REBALANCING

This feature automatically rebalances the investments in your account to maintain the asset allocation percentages. The frequency of this feature will be done semi-annually. If nothing is selected, your investments will **NOT** be automatically rebalanced to maintain the asset allocation percentages. Yes No

INVESTMENT AUTHORIZATION

Before investing, consider the investment objectives, risks, charges, and expenses. Contact your advisor for a prospectus containing this information. Read it carefully.

I acknowledge that I have received and read the prospectus for the investments selected and this account will be subject to the prospectus as amended from time to time. I will obtain the current prospectus for each fund into which I may exchange before I request the exchange. Furthermore, I understand that if I fail to complete the investment election correctly, I will be deemed to direct that future contributions will be invested in the plan's default fund.

Participant Signature: _____ Date: _____

Print Full Name: _____ S.S.#: - -

Employer Name: _____ Plan ID: _____