



# DecisionPoint 457(b) Enrollment Form

## Personal Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security #: \_\_\_\_\_

Hire Date: \_\_\_\_\_

Title/Position: \_\_\_\_\_

## Existing 457(b) Information

Current Provider: \_\_\_\_\_

Employer: \_\_\_\_\_

Current 457(b) Pre-Tax Balance: \_\_\_\_\_

Existing 457(b) loan? Yes:    No:   

Current 457(b) After-Tax Balance: \_\_\_\_\_

Current Loan Balance: \_\_\_\_\_

**Salary Deferral Agreement (check all that apply):** I hereby elect to ENROLL in our company's 457(b)

Plan and authorize the Employer to deduct from my wages each pay period the amount(s) specified below.\*

Regular (Pre-Tax) 457(b) Contributions

Amount to be deducted from my wages  
each pay period:

\_\_\_\_\_ % or \$ \_\_\_\_\_

Roth (After-Tax) 457(b) Contributions

Amount to be deducted from my wages  
each pay period:

\_\_\_\_\_ % or \$ \_\_\_\_\_

I do not wish to make salary deferral contributions at this time.

**Beneficiary Designation Agreement:** Pursuant to the provisions of the Plan permitting the designation of a Beneficiary or Beneficiaries by a Participant, I hereby designate the following person or person(s) as primary contingent Beneficiaries of my Account Balance under the Plan payable by reason of my death.\*\*

|                          |              |                   |
|--------------------------|--------------|-------------------|
| Primary Beneficiary Name | Relationship | Social Security # |
| Date of Birth            | Address      |                   |

|                             |              |                   |
|-----------------------------|--------------|-------------------|
| Contingent Beneficiary Name | Relationship | Social Security # |
| Date of Birth               | Address      |                   |

By signing below, I affirmatively agree to all the points made above in this enrollment agreement.

Participant's Name (Print)

Participant's Signature

Today's Date



# 457(b) Investment Selection

## Investment Selection

Listed below are the investments available in your retirement plan for you to select from. Please allocate a percent (%) to each fund you would like your account, including future contribution deposits, to be invested in by electing them below.

### Model Portfolio Investment Options

| <u>Model Name</u>                     | <u>Allocation</u> |
|---------------------------------------|-------------------|
| Aggressive (100% Stocks/0% Bonds)     | _____ %           |
| Growth (80% Stocks & 20% Bonds)       | _____ %           |
| Moderate (60% Stocks & 40% Bonds)     | _____ %           |
| Conservative (40% Stocks & 60% Bonds) | _____ %           |
| Defensive (20% Stocks & 80% Bonds)    | _____ %           |
| Fixed Income (0% Stocks & 100% Bonds) | _____ %           |

### Individual Fund Investment Options

| <u>Fund Name</u>                      | <u>Allocation</u> |
|---------------------------------------|-------------------|
| Vanguard Emerging Markets Index Adm   | _____ %           |
| Vanguard Developed Markets Index Adm  | _____ %           |
| DFA International Small Cap I         | _____ %           |
| DFA Real Estate Securities I          | _____ %           |
| Vanguard Value Index Adm              | _____ %           |
| DFA US Large Company I                | _____ %           |
| DFA US Small Cap I                    | _____ %           |
| DFA Investment Grade I                | _____ %           |
| Vanguard Inter-Term Treasury Adm      | _____ %           |
| Vanguard Sht-Trm Investment-Grade Adm | _____ %           |

### Target Date Fund Investment Options

| <u>Fund Name</u>                      | <u>Allocation</u> |
|---------------------------------------|-------------------|
| Vanguard Target Retirement Income Inv | _____ %           |
| Vanguard Target Retirement 2020 Inv   | _____ %           |
| Vanguard Target Retirement 2025 Inv   | _____ %           |
| Vanguard Target Retirement 2030 Inv   | _____ %           |
| Vanguard Target Retirement 2035 Inv   | _____ %           |
| Vanguard Target Retirement 2040 Inv   | _____ %           |
| Vanguard Target Retirement 2045 Inv   | _____ %           |
| Vanguard Target Retirement 2050 Inv   | _____ %           |
| Vanguard Target Retirement 2055 Inv   | _____ %           |
| Vanguard Target Retirement 2060 Inv   | _____ %           |
| Vanguard Target Retirement 2065 Inv   | _____ %           |

Minimum election increment is 1%. Total must equal 100%. This form is to be used for initial investment selections only. Future changes can be made via the participant website.

By signing below, I affirmatively agree to all the points made above in this enrollment agreement.

Participant's Name (Print)

Participant's Signature

Today's Date

\*Participants may ENROLL on or any time after their Plan Entry Date, following the completion of the eligibility conditions and may RE-ENROLL the first day of any month after revocation. Participants may INCREASE or DECREASE their salary deferral contributions at the frequency set by their employer. Participants may REVOKE their salary deferral agreement any time with a 15 day written notice. I understand the amount of deferrals I have elected, as Regular (Pre-Tax) 457(b) contributions in this Salary Reduction Agreement will reduce my current compensation includible income for the taxable year of the deferral. I understand the amount of deferrals I have elected as Roth (After Tax) 457(b) contributions in this Salary Reduction Agreement will NOT reduce my current compensation includible in income and that my Roth deferrals will be includible in income for the taxable year of the deferral. I understand my election regarding the type of deferrals is irrevocable once the employer withholds the deferrals from my paycheck and that any change of election regarding the type of deferrals (Roth or Regular) is effective only for deferrals from paychecks I receive after the plan administrator accepts my change of election.

\*\*I understand and agree that this Beneficiary Designation and Waiver may be delivered electronically rather than in paper, and I may be expected to respond electronically to any of the Plan documents. I also understand that I have a right to request and receive a paper version of this form without cost to me and to rescind this consent within a reasonable time by contacting the Plan Administrator at the telephone number listed in the Summary Plan Description. I understand that the Plan documents, including this Beneficiary Designation, are in English, and I agree that if I require a translation of the Plan documents into a language other than English, I will be fully responsible for arranging for accurate translations of the Plan documents. I agree that if the Plan documents, including this Beneficiary Designation, are translated into a language other than English and if the translated version is different from the English language version, the English language version will take precedence. Trust Beneficiary. If you name a trust as a Beneficiary, the Trustee also must satisfy additional documentation requirements no later than October 31 of the calendar year following the calendar year of your death. The Plan Administrator will provide you or the Trustee with the additional forms you must complete. Effect of Marriage. See below regarding spousal consent requirements if you are married and wish to name someone other than your spouse as your sole primary Beneficiary. If you are unmarried at the time of your designation, your Beneficiary designation will cease to be effective one year after your marriage unless you have designated your spouse as your sole primary Beneficiary. Effect of divorce. A divorce decree or a decree of legal separation automatically revokes a designation of your spouse as a Beneficiary, unless the decree or a qualified domestic relations order provides otherwise. The Trustee will pay all sums payable under the Plan by reason of my death to the primary Beneficiary, if he or she survives me, and if no primary Beneficiary survives me, then to the Contingent Beneficiary, and if no Beneficiary survives me, then the Trustee will pay all amounts in accordance with the Plan. I understand that, unless I have provided otherwise above, the Trustee will pay all sums payable to more than one Beneficiary equally to the living Beneficiaries.