
Participant Enrollment / Investment Election Form

ESSDACK Consortium 403(b) Plan

PARTICIPANT INFORMATION (Please Print Information Clearly)

Employee Name: _____ Date of Birth: ____ / ____ / ____

Street: _____ City: _____ State: _____

Social Security #: _____ Date of Hire: _____ Married: ___ Single: ___

Email Address: _____ School District: _____

CONTRIBUTION ELECTION

Elective Deferrals

I elect to participate and contribute _____% or \$_____ of compensation per pay period on a *pre-tax basis*. (Maximum for all 403(b) accounts – pre-tax and Roth 403(b) contributions: **\$16,500**. If you are 50 years old / older as of last day of the calendar year, or have at least 15 years of service with qualifying employer, you may be entitled to make additional “Catch-Up” contributions of up to **\$5,500** for 2010. See the Plan Administrator for more details on how to make these catch up contributions)

I elect to participate and contribute _____% or \$_____ of compensation per pay period to a *Roth 403(b)*. (Maximum for all 403(b) accounts – pre-tax and Roth 403(b) contributions: **\$16,500**. If you are 50 years old / older as of last day of the calendar year, or have at least 15 years of service with qualifying employer, you may be entitled to make additional “Catch-Up” contributions of up to **\$5,500** for 2010. See the Plan Administrator for more details on how to make these catch up contributions)

I elect not to make *elective deferrals* until further notice. I understand that if I do not participate now, or discontinue participation, I must wait until the next available enrollment date.

SIGNATURES

Participant's Signature

Date

Plan Administrator's Signature

Date

Please return to your District Office