Elective Deferral and Vendor Election Form Plan Name: Collinsville CUSD 10 403(b) Plan Ref. No. 105840 To Enroll: Complete All Sections To Change Contribution Amount: Complete Sections A, B and D To Change Vendors: Complete Sections A, C and D To Change Contract/Account Number: Complete All Sections Please type or print clearly Last Name First Name M. I. Social Security Number (SSN) **Email Address:** Daytime Phone Number: ☐ Salary Deferral — I instruct my employer to deduct % or \$ of my pay on a pre-tax basis each pay period for investment with the specified vendors below. (In the space provided, enter a whole percentage or dollar amount.) ■ Roth Contribution – I instruct my employer to deduct _% or \$_ of my pay on an after-tax basis each pay period for investment with the specified vendors below into the designated Roth portion of my account. (In the space provided, enter a whole percentage or dollar amount.) Please indicate how you are making your election ☐ as a percentage □ as a dollar amount I direct that all future contributions be invested with the following vendor(s). Enter whole percentages in multiples of 1%. i.e., 2%, 3%, 4% or a dollar amount. If you have not established the account/contract, you cannot select the new vendor at this time. **Vendor Name Account/Contract** Percentage or Amount Number **AIG Advisor Group** Ameriprise Financial Services Inc Aspire Financial Services, Inc **AXA** Equitable **Fidelity Investments** Horace Mann Companies **ING Reliastar** Met Life (formerly CitiStreet) MetLife MetLife Investors **Putnam Investments** The Variable Annuity Life Insurance Company Thrivent Financial for Lutherans **Total % or Dollar Amount** By signing this form, I have authorized the Employer to deduct the amount(s) elected from my paycheck and transmit the contributions to the vendors as indicated. I certify that I have established a 403(b) account with the vendors selected above.

Participant Date