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: $15,500)

☐ 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: $15,500)

☐ 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

Catch-up Contributions
NOTE: If you will be 50 years old or older as of the last day of the calendar year and otherwise contribute the maximum allowable amount to the Plan, you are entitled to make additional "catch up" contributions of up to $5,000 for 2008. You may also qualify for an additional increased elective deferral limit if you have at least 15 years of service with a qualifying employer. See the Plan Administrator for more details on how to make these catch up contributions