



# Paycheck Contribution Election 403(b) Plan

## Addison Northwest Supervisory Union 403(b) Plan

96503-01

Use black or blue ink when completing this form. For questions regarding this form, visit the Web site at [www.VTRetirementSavings.com](http://www.VTRetirementSavings.com) or contact Service Provider at 1-800-457-1028.

### A Participant Information

Account extension, if applicable, identifies funds transferred to a beneficiary due to participant's death, alternate payee due to divorce or a participant with multiple accounts.

Account Extension \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-

Social Security Number (Must provide all 9 digits)

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

M.I. \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

### B Payroll Election(s)

#### Paycheck Contribution Election (Payroll Deductions)

Select One:  Start  Restart  Change  Stop

I elect to contribute to the Plan the following amount(s) or percentage(s) of my eligible compensation indicated below (per pay period):

Before-Tax Contributions \$ \_\_\_\_\_ or \_\_\_\_\_ % (\$1.00 - \$18,000.00 or 1% - 100%)

Roth Contributions \$ \_\_\_\_\_ or \_\_\_\_\_ % (\$1.00 - \$18,000.00 or 1% - 100%)

Payroll Effective Date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Hire (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

The total annual before-tax and Roth contributions cannot exceed \$18,000.00 of my eligible compensation in the 2015 tax year.

#### Catch-Up Election

(I may elect Age 50 Catch-Up and Regular Catch-Up if I qualify for both.)

##### Age 50 Catch-Up:

I elect to contribute to the Plan additional Age 50 Catch-Up amount(s) or percentage(s) of my eligible compensation indicated below (per pay period):

Before-Tax Contributions \$ \_\_\_\_\_ or \_\_\_\_\_ %

Roth Contributions \$ \_\_\_\_\_ or \_\_\_\_\_ %

Payroll Effective Date (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_

The total before-tax and Roth Age 50 Catch-Up amount cannot exceed \$6,000.00 of my eligible compensation in the 2015 tax year. I must be age 50 or older during this calendar year and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan. If I stop my deferrals and/or do not defer the maximum amount during this calendar year, the Age 50 Catch-Up amount I have elected to contribute will not be considered a Catch-Up deferral. The Catch-Up contributions will be allocated in the same manner as my regular contributions.

I elect to cancel my Catch-Up contribution election.

##### Regular Catch-Up:

I must have completed at least 15 years of service with my current employer to be eligible for 403(b) Regular Catch-Up. My current employer is an educational organization, hospital, home health service agency, health and welfare service agency, church, or convention or association of churches. The calculation tools are provided for my convenience and I should consult with my tax advisor about my tax situation.

Column A
\$3,000.00

Column B
\$15,000.00
All prior regular Catch-Up amounts (-) \$ _____
(subtract)
Total (=) \$ _____

Column C
\$5,000.00
Number of years of service with your current employer (x) \$ _____
(multiply)
All prior years elective deferrals to 403(b), 401(k) and SEP plans (-) \$ _____
(subtract)
Total (=) \$ _____

<b>B</b>	<b>Payroll Election(s)</b> <hr/> <b>Catch-Up Election</b> <hr/> <p>My regular Catch-Up amount is the <b>lesser</b> of the amounts indicated in Column A, Column B or Column C.          I elect to contribute to the Plan additional Regular Catch-Up amount(s) of my eligible compensation as indicated below (<i>per pay period</i>):</p> <p> <input type="checkbox"/> Before-Tax Contributions \$ _____  <input type="checkbox"/> Roth Contributions \$ _____         </p> <p>Payroll Effective Date (mm/dd/yyyy) _____ / _____ / _____ Year End Date (mm/dd/yyyy) _____ / _____ / _____</p> <p>The total before-tax and Roth Regular Catch-Up amounts cannot exceed the calculated amount. If I stop deferrals and/or do not defer the maximum amount during this calendar year, the Age 50 and/or Regular Catch-Up amounts elected to contribute will not be considered Catch-Up deferrals. If I am eligible for both Age 50 and Regular Catch-Up, the amounts contributed above the maximum will first be treated as amounts of Regular Catch-Up and then Age 50 Catch-Up.</p> <p><input type="checkbox"/> I elect to cancel my Catch-Up contribution election.</p>
<b>C</b>	<b>Signatures and Consent</b> <hr/> <b>Participant Consent</b> <hr/> <p>My signature acknowledges that I have read, understand and agree to all pages of this form and affirms that all information that I have provided is true and correct. I also understand that:</p> <ul style="list-style-type: none"> <li>• Until cancelled, superseded or I cease to be an eligible employee, all election(s) shall apply to all eligible compensation allowed by the Plan paid from the effective date specified unless a different effective date is required under the terms of the Plan and cancels all previous elections.</li> <li>• I may change the dollar amount or percentage of compensation contributed as allowed under the terms of the Plan.</li> <li>• It is my responsibility to comply with any Internal Revenue Code deferral limits and that I may be responsible for any costs, including taxes and penalties that I may incur as a result of excess contributions.</li> <li>• My Employer may take any action that may be necessary to ensure that my participation is in compliance with any applicable requirement of the Plan Document and the Internal Revenue Code.</li> <li>• I authorize the payroll deduction as indicated on this form.</li> </ul> <p>Any person who presents false or fraudulent information is subject to criminal and civil penalties.</p> <p>Participant Signature _____ Date (Required) _____</p> <hr/> <p>Employer Certification Signature _____</p> <hr/> <p>I certify the election indicated by the participant above.</p> <p>Employer Certification Signature _____ Date (Required) _____</p>
<b>D</b>	<b>Mailing Instructions</b> <hr/> <p>Participant forward this form to:</p> <p>           null            Human Resources            48 Green St            Vergennes, VT 05491         </p> <p><b>Employer DO NOT send this form to the Service Provider. Please retain for your records.</b></p>

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