

# 403b Plan Enrollment Guide

With ROTH Feature



## 403b Consultants LLC

[www.403bplan.net](http://www.403bplan.net)

### **Northeast Nebraska:**

Christensen Brozek Faltys PC  
Jared Faltys, CPA/PFS/QPFC  
Lynn Laible, CPA/QKA  
Nathan Raabe  
402-371-1160  
[www.CBFWealthFirm.com](http://www.CBFWealthFirm.com)

### **Missouri:**

Aura Wealth Advisors LLC  
Bert Doerhoff, CPA  
573-634-4006  
[www.AccuBiz.net](http://www.AccuBiz.net)

### **Central Nebraska:**

Almquist, Maltzahn, Galloway, and Luth, PC  
Marcy Luth, CPA/PFS  
308-381-1810  
[www.GIcpas.com](http://www.GIcpas.com)

# 403(b) ENROLLMENT FORM

Please return this form to your Human Resources office after completing.

PARTICIPANT INFORMATION	
School Name: _____	Hire Date: _____
First Name: _____ MI: _____	Last Name: _____
Address: _____	
City, State, Zip: _____	
Cell Number: _____	Home Number: _____
Social Security #: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married
Email: _____	Birth Date: _____
ENROLLMENT ELECTION	
<input type="checkbox"/> <b>Regular 403(b) Contributions (pre-tax):</b> I elect to participate in the Plan and authorize a deduction from my paycheck in the amount of \$ _____ or _____% of my salary per pay period.	
<input type="checkbox"/> <b>Roth 403(b) Contributions (after tax):</b> I elect to participate in the Plan and authorize a deduction from my paycheck in the amount of \$ _____ or _____% of my salary per pay period.	
<input type="checkbox"/> <b>I do not wish to participate at this time:</b> Completion of Participant Info. above is still required.	
<p>I agree that my pay will be reduced in the manner I have indicated above and that those dollars will be deferred into the 403(b) Plan. This Elective Deferral Agreement will continue to be in effect while I am employed, unless I change or terminate it. I acknowledge that I have read this entire agreement, understand it, and agree to its terms. In the event that an erroneous contribution or excess contribution is made to my account, I authorize my employer to make necessary corrections to ensure elective deferrals made to my account are in accord with the limits specified in the following sections of the Internal Revenue Code: the elective deferral limitations in Sections 402(g) and 414(v) and the annual additions limitations in Section 415(c). I have reviewed the respective website regarding the 403(b)(7) Custodial Account Agreement and I adopt the terms of the 403(b)(7) Plan and appoint MG Trust Company as custodian (does not apply if another custodian / annuity is chosen, subject to plan document and sponsor). I authorize MG Trust Company or its agent to perform those functions and appropriate administration services as specified. I understand fees will be collected by redeeming sufficient shares from my account balance or if money is common remitted to an outside vendor; fees can be collected during that process. Fees are calculated and collected quarterly in advance.</p> <p>I authorize 403b Consultants LLC, ASPIre and their agents to act on any instructions believed to be genuine for any service authorized on this form, including telephone/computer services. The parties will use reasonable procedures to verify the identity of the account holder and the person(s) granted trading privileges, if applicable when servicing an account by telephone. I understand that it is their policy to accept transaction instructions from and provide account information to the registered account owner(s) only, unless the account owner(s) has provided written authorization to the parties to grant trading privileges to another person. I further understand that it is my responsibility to monitor the activity in my account and not to provide account information, including my online user name and password to anyone, 403b Consultants LLC, ASPIre and their agents are not liable for any losses that may occur from acting on unauthorized instructions.</p> <p>Employee is responsible for providing the necessary information at the time of initial enrollment and later if there are any changes in any information necessary or advisable for Employer to administer the plan. Employee is responsible for determining that the salary reduction amount does not exceed the limits set forth in applicable law. Furthermore, Employee agrees to indemnify and hold Employer harmless against any and all actions, claims, and demands whatsoever that may arise from the purchase of annuities or custodial accounts. Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness, or tax consequences with regard to his/her selection of the annuity and / or custodial account. Nothing herein shall affect the terms of employment between Employer and Employee. This agreement supersedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.</p> <p>Employee is responsible for naming a death beneficiary under annuity contracts or custodial accounts. Employee acknowledges that this is normally done at the time the contract or account is established and reviewed periodically.</p> <p>Employee is responsible for all distributions and any other transactions with 403b Consultants LLC. All rights under contracts or accounts are enforceable solely by Employee, Employee beneficiary, or Employee's authorized representative. Employee must deal directly with 403b Consultants LLC to make loans, transfers, apply for hardship distributions, or any other transaction.</p>	
Participant Signature: _____	Date: _____

# BENEFICIARY DESIGNATION FORM

## NAME YOUR BENEFICIARIES

I designate the following person(s) below to receive payment of the value of my 403(b) account upon my death. If no primary beneficiary (ies) survives me, I designate that the balance of my 403(b) account be distributed to my contingent beneficiary (ies) below.

Name: \_\_\_\_\_  Per Stirpes \_\_\_\_\_ % Share  
Social Security #: \_\_\_\_\_ Relationship: \_\_\_\_\_  Primary  Contingent  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  Per Stirpes \_\_\_\_\_ % Share  
Social Security #: \_\_\_\_\_ Relationship: \_\_\_\_\_  Primary  Contingent  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  Per Stirpes \_\_\_\_\_ % Share  
Social Security #: \_\_\_\_\_ Relationship: \_\_\_\_\_  Primary  Contingent  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_  Per Stirpes \_\_\_\_\_ % Share  
Social Security #: \_\_\_\_\_ Relationship: \_\_\_\_\_  Primary  Contingent  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

PLEASE NOTE: If you designate more than one beneficiary or contingent beneficiary, the percentage allocations must add up to 100%

Special instructions: \_\_\_\_\_  
\_\_\_\_\_

I understand that if no beneficiary survives me or if my beneficiary (ies) cannot be located, the plan will distribute the benefits to my estate. I understand that if I fail to indicate share percentages, all benefits will be divided equally among the beneficiaries I designate.

**Participant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NOTE: Spousal Consent is required if the participant is married and the designated Primary Beneficiary is not the participant's spouse. The spouse's signature must be witnessed by either (1) a representative of the plan or (2) a Notary Public.

Spousal Waiver: I hereby consent to the above beneficiary designation.

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness of Notary: Subscribed and Sworn to me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Signature: \_\_\_\_\_ Commission Expiration Date: \_\_\_\_\_

## PLAN SPONSOR USE ONLY

Effective enrollment date: \_\_\_\_\_

Plan Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# INVESTMENT ELECTION FORM

## Use this form to make your investment elections for your account

Consult with your Financial Advisor regarding the available mutual fund investment choices for your 403b account. For questions regarding the investment choices visit your Plans' dedicated 403(b) website: [www.403bplan.net](http://www.403bplan.net).

### SELECT YOUR INVESTMENTS

<input type="checkbox"/>	<b>A.</b>	<b>Predefined Model Portfolios:</b> You may elect one model allocation and the default percentage is automatically 100% (Go to <a href="http://www.403bplan.net">www.403bplan.net</a> for details) Fund 100 <input type="checkbox"/> Fund 80 <input type="checkbox"/> Fund 60 <input type="checkbox"/> Fund 40 <input type="checkbox"/> Income Fund <input type="checkbox"/>
<input type="checkbox"/>	<b>B.</b>	<b>Self-Directed</b> (Go to <a href="http://www.403bplan.net">www.403bplan.net</a> for details)
<input type="checkbox"/>	<b>C.</b>	<b>Financial Advisor</b> (Fill out the "Appointment of: Investment Advisor Representative" form or "Appointment of: Broker Dealer" form)

### IF YOU CHOSE OPTION "B" or "C"

**To create your own asset allocation:** Enter the desired percentage in the row associated with the corresponding fund. The percentage allocations must total 100%. Any percentage remaining will automatically be allocated to the default investment for the plan.

(To view available fund listings go to [www.403bplan.net](http://www.403bplan.net) and click on either "Participants" or "Financial Advisor.")

Ticker Symbol	Investment Name	Allocation %
		%
		%
		%
		%
		%
		%
		%
		%
		%
		%

**PLEASE NOTE: Your total must equal 100% \_\_\_\_\_ %**

### AUTOMATIC REBALANCING

This feature automatically rebalances the investments in your account to maintain the asset allocation percentages. The frequency of this feature will be done semi-annually.  Yes  No

### INVESTMENT AUTHORIZATION

**Before investing, consider the investment objectives, risks, charges, and expenses. Contact your advisor for a prospectus containing this information. Read it carefully.**

I acknowledge that I have received and read the prospectus for the investments selected and this account will be subject to the prospectus as amended from time to time. I will obtain the current prospectus for each fund into which I may exchange before I request the exchange. Furthermore, I understand that if I fail to complete the investment election correctly, I will be deemed to direct that future contributions will be invested in the plan's default fund.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_ S.S.#: --

Employer Name: \_\_\_\_\_ Plan ID: \_\_\_\_\_

# APPOINTMENT OF: Investment Advisor Representative

Fill out this form **ONLY** if on the Investment Election Form you chose OPTION "C" and your advisor is a fee-based Investment Advisor Representative. Use this form to appoint a financial professional to your account.

## PARTICIPANT AUTHORIZATION

### Powers you Give Your Authorized Investment Advisor Representative:

#### Account Access & Limited Trading Authority

Limited Trading Authority allows your Authorized Investment Representative to inquire in your account(s) and direct investments from the available options within the Plan. The Authorized Investment Representative is bound by all terms and condition set forth in all customer agreements related to your accounts. Limited Trading Authorization does not allow your Agent to transfer, withdrawal, or disburse money or assets from your account except as pursuant to an authorization to deduct management fees. Neither 403b Consultants LLC, its agents, nor ASPire Financial Services assumes any responsibility for reviewing or monitoring any investment decision or activity of the Authorized Investment Representative.

#### Authorization to Pay Management Fees to Authorized Investment Representative

I authorize you to pay Agent from my assets held in the account registered in my name, the management of fees specified in my Investment Advisory Agreement with Agent as invoiced by Agent or as stated below. You shall rely on Agent's invoices and have no responsibility for the calculation or verification for the fees. This Authorization will remain in full force and effect until 403b Consultants LLC shall have received from me written notice of its revocation signed by me. The authorization shall extend to the benefit of your successors and assigns.

#### Signature of Owners

I, the Account Owner(s), have read this form in its entirety, agree to be bound by this document as it exists and as it may be modified, and designate the Authorized Investment Representative listed below to act as my agent and attorney-in-fact to exercise all rights and powers set forth herein with respect to the Account(s) listed below. I authorize 403b Consultants LLC, ASPire Financial Services, its affiliates, agents and any other person the companies stated may instruct to act in connection with my Authorized Investment Representative's instructions to rely on my Authorized Investment Representative's instructions without further approval or direction from me. This authorization will terminate if 403b Consultants LLC is notified in writing of my incapacity, disability, or death. I may revoke this authorization by notifying 403b Consultants LLC in writing, but such notification will not affect my responsibility for any actions of my Authorized Investment Representative prior to 403b Consultants LLC receipt and processing of the notification.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Full Name: \_\_\_\_\_ S.S.#:    -   -      
Employer Name: \_\_\_\_\_ Plan ID: \_\_\_\_\_

## AUTHORIZED INVESTMENT ADVISOR REPRESENTATIVE INFORMATION

This section to be completed by Authorized Investment Advisor Representative.

### I certify that I am/we are a Registered Investment Advisor (R.I.A.).

Compensation method by advisory fee of \_\_\_\_\_%

If the Registered Owner(s) has/have authorized paying management fees above, I will provide you true and accurate information of the management fees owed to me by the Registered Owner(s) which you are to deduct from the account and pay to me. I will send the Registered Owner(s) notification of the amount of each invoice that I provide to you. I will indemnify and hold you, your agents and your directors, officers and employees harmless from all liabilities and costs, including attorney fees, which you may incur by relying upon my representation or upon the above Authorization. This indemnification shall extend to the benefit of your successors and assigns.

Investment Advisor Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Investment Advisor Representative Name: \_\_\_\_\_ Rep ID: \_\_\_\_\_

R.I.A. Firm Name: \_\_\_\_\_

R.I.A. Firm Address: \_\_\_\_\_

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

## APPOINTMENT OF: Broker Dealer

Fill out this form **ONLY** if on the Investment Election Form you chose OPTION "C". Use this form to appoint a financial professional to your account.

### PARTICIPANT AUTHORIZATION

#### Powers You Give your Financial Advisor

##### Account Access

I appoint the firm designated below as the broker dealer of record for my account. ("Broker Dealer"), direct that it be given access to the records of my account and authorize it to convey my instructions regarding the investment of the account. I understand that Broker Dealer will receive compensation from the mutual funds in which my account is invested. I understand that I am the only person who may make decisions regarding investments of my account and that the Broker Dealer does not exercise any discretionary authority over the account.

##### Signature of Owner

I, the Account Owner have read this form in it's entirety, agree to be bound by this document as it exists and as it may be modified, and designate the Financial Advisor listed in Section 2 to act as my Agent and attorney-in-fact to exercise all rights and powers set forth herein with respect to the Account(s) listed below. I authorize 403b Consultants LLC, its affiliates, agents, and any other person they instruct to act in connection with my Financial Advisor's instructions to rely on my Financial Advisor's instructions without further approval or direction from me. This authorization will terminate if 403b Consultants LLC is notified in writing of my incapacity, disability, or death. I may revoke this authorization by notifying 403b Consultants LLC in writing, but such notification will not affect my responsibility for any actions of my Financial Advisor prior to 403b Consultants LLC receipt and processing of the notification.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_ S.S. #: --

Employer Name: \_\_\_\_\_ Plan ID Number: \_\_\_\_\_

### FINANCIAL ADVISOR INFORMATION

This section to be completed by Financial Advisor.

**I certify that I am / we are a Registered Representative compensated by 12(b)1 commissions paid by the mutual fund companies in which the Participant is invested.**

Financial Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Advisor Name: \_\_\_\_\_ FA Number: \_\_\_\_\_

Broker Dealer: \_\_\_\_\_ Branch Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_