

## Paycheck Contribution Election 403(b) Plan

Use black or blue ink when completing this form. For questions regarding this form, contact Service Provider at 1-800-457-1028.

)65°	19-01 Franklin Centi	al Supervisory	y Union 403(b) Plan							
Α	Participant Information									
	Social Security Number		Account Extension	1	Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.					
	Last Name		First Name	M.I.	Date of Birth					
	Street Address				Personal Phone Number					
	City		State	Zip Code	Work Phone Number					
	Email Address				☐ Married ☐ Unmarried					
	Payroll Center									
- 1	Payroll Election(s)									
	Paycheck Contribution Election (Payroll Deductions)									
	Select One: Start Restart 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 Contribution	ns \$	or	% (	\$1.00 - \$17,500.00 or 1% - 100%)					
	☐ Roth Contributions	\$	or	% (	\$1.00 - \$17,500.00 or 1% - 100%)					
	Payroll Effective Date (m.	m/dd/yyyy)	/ / D	ate of Hire (mm.	/dd/yyyy) //					
	The total annual before-tax and Roth contributions cannot exceed \$17,500.00 of my eligible compensation in the 2014 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 (p pay period):									
	☐ Before-Tax Contribution	ons \$	or	%						
	☐ Roth Contributions	\$	or	%						
	Payroll Effective Date (m	ım/dd/yyyy)	1 1							
	The total before-tax and Roth Age 50 Catch-Up amount cannot exceed \$5,500.00 of my eligible compensation in the 2014 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		Column B		Column C \$5,000.00 Number of years of service					
		_	\$15,000.00		with your current employer (x) \$					
	\$3,000.00	All prior regu Catch-Up am			prior years elective deferrals 403(b), 401(k) and SEP plans (-) \$					
			Total (=) \$		(subtract) Total (=) \$					



					96519-01				
	Last Name	First Name	M.I.	Social Security Number	Number				
	My regular Catch-Up amount is the lesser 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 (per pay period):  Before-Tax Contributions  Roth Contributions  Payroll Effective Date (mm/dd/yyyy) / / Year End Date (mm/dd/yyyy) / /  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								
	☐ I elect to cancel my Catch	h-Up and then Age 50 Catch-Up -Up contribution election.	J.						
С	Signatures and Consent								
	Participant Consent								
	<ul> <li>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:</li> <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> <li>Any person who presents false or fraudulent information is subject to criminal and civil penalties.</li> </ul>								
	Participant Signature			Date (Re	equired)				
	Authorized Employer Signature								
	I certify the election indicate	d by the participant above.							
	Authorized Employer Sign	ature		Date (Re	equired)				
D	Mailing Instructions	Mailing Instructions							
	Participant forward to please retain this docume Human Resources 28 Catherine Street	ent for your records. Payroll e	lections are not ma	aintained by Service Provider.					

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