



School District Deferred Compensation Plan Enrollment / Change Form

Employer _____ Date of Hire _____
Initial Enrollment _____ Dollar Change _____ Beneficiary Change _____ Company Change _____

Participant Name _____ Social Security Number _____
Address _____ Birth Date _____
City _____ State _____ Zip _____ Home Phone _____
Gross Monthly Salary _____ Work Site _____ Work Phone _____
Effective with pay period beginning: Month _____ Year _____
I am a member of Schools Financial Credit Union: Yes _____ No _____

Investment Selection

Total Amount Deferred Monthly: \$ _____
Schools Financial Credit Union Share Option _____ \$ _____
Schools Financial Services Corporation:¹ Fund Name: _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

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The Hartford: Fund Name: _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

If you are eligible to make a Catch-Up contribution under the Plan, please complete the appropriate Catch-Up Worksheet (*Age 50 and Older Catch-Up Worksheet or Last Three Years of Participation Catch-Up Worksheet*).

Beneficiary Designation

Name _____ SSN _____ Relationship _____ % _____
Name _____ SSN _____ Relationship _____ % _____

Contingent Beneficiary(ies)

Name _____ SSN _____ Relationship _____ % _____
Name _____ SSN _____ Relationship _____ % _____

I hereby agree to the terms of the School District Deferred Compensation Plan, which I have received and read, and I understand that this enrollment is subject to the terms of the Plan and all Policies under the Plan. I hereby authorize my employer to deduct from my salary the amount specified above and to transmit the deduction to Schools Financial Credit Union for disbursement to the above companies. This authorization will continue in effect until I submit a timely termination or change form.

Employee's Signature _____ Date _____

Witnessed by _____ Date _____

Approved by (Authorized District Signature) _____ Date _____