Enrollment Form

1 PARTICIPANT INFORMATION				
Participant Name:	Social Security Number:	Date of Birth:	Hire/Rehire Date:	
Home Address:	City	State	Zip Code	
2 PLAN INFORMATION				
Plan Name			Plan Identifier	
Barton County Community College 403(b) Plan			701423	
EMPLOYEE CONTRIBUTION	EL EGTIONO			
3 EMPLOYEE CONTRIBUTION	ELECTIONS			
I elect to participate and contribute% or \$ of compensation per pay period on a pre-tax basis (Please refer to Annual Contribution and Bene it Limits found on BenefitsForYou.com.)				
I elect to participate and contribute% or \$N/A I elect not to make elective deferrals until further notice. I uninext available enrollment date.			must wait until the	
Catch-up Contributions: If you will be 50 years old or older as amount to the Plan, you are entitled to make additional "catch-up".	up" contributions. (Please refer to Annual C	ontribution and Benefit Lir		
BenefitsForYou.com.) See your Plan Administrator for more det	tails on how to make these catch up contrib	utions.		

INVESTMENT ELECTIONS

To select your investments, log onto BenefitsForYou.com or contact our Participant Service Center at 800.999.8786 for assistance. If you do not select your investment election prior to your contributions being made to the plan, your contributions will be allocated to the Plan's default fund. You can find more information regarding your Plan's default fund on the fund fact sheet located in the enrollment book or at BenefitsForYou.com. (Your year of birth and the assumed retirement age of 65 is used to determine your appropriate fund in the target date set.)

Plan Default Investment:

American Funds 2010 Trgt Date Retire R6 American Funds 2015 Trgt Date Retire R6 American Funds 2020 Trgt Date Retire R6 American Funds 2025 Trgt Date Retire R6 American Funds 2030 Trgt Date Retire R6 American Funds 2035 Trgt Date Retire R6 American Funds 2040 Trgt Date Retire R6 American Funds 2045 Trgt Date Retire R6 American Funds 2050 Trgt Date Retire R6 American Funds 2055 Trgt Date Retire R6 American Funds 2055 Trgt Date Retire R6

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5	PARTICIPANT SIGNATURE:	
×el	I, the undersigned, consent to making the preceding salary deferral election. I understand that my Employer will begin proceed elections and/or changes as soon as administratively possible.	cessing my
	Participant Signature:	Date: