THE ANGLICAN DIOCESE OF SOUTH CAROLINA

403(b) Plan
Enrollment/Election Change Form

If you are completing this form for the first time, please complete Section 1 and the appropriate sections indicated. If you are changing or suspending your previous election, please complete Section 2 and the appropriate sections indicated. Changes in employee 403(b) payroll deductions are effective with your next pay.

Name: _____
(Last) (First) (Middle)

Address: _____

_____
Social Security Number **Date of Hire** **Date of Birth**

_____ _____
Place of Employment **Email Address**

Section 1 – Enrollment Election

- ❑ I wish to contribute to the Plan (complete Sections 3, 4, 5, and 6)
- ❑ I have decided not to contribute to the Plan at this time (complete Sections 3, 5, and 6)

*Please note that you must still make an investment election in Section 3 due to the non-elective contribution being provided by your employer.

Section 2 – Change/Suspension Election (select all applicable)

- ❑ I wish to change the amount of my 403(b) payroll deductions (complete Sections 4 and 6)
- ❑ I wish to change my Beneficiary Designation (complete Sections 5 and 6)
- ❑ I wish to suspend my Pretax contributions (complete Section 6)

Section 3 – Investment Election

I hereby direct the investment of my contributions which includes company contributions as follows: (please use multiples of 1% and be certain the percentages add up to 100%).**

****If no election is made, your investment election will default into the appropriate Target Date Retirement Portfolio that corresponds to the year in which you reach age 65.****

Federated Hermes Govt. Obl Select (GRTXX)	_____%	**Target Date Retirement Portfolios**	
Dodge & Cox Income I (DODIX)	_____%	Retire Portfolio	_____%
American Funds American High -Inc. R6 (RITGX)	_____%	2020 Portfolio	_____%
PIMCO International Bond I (PFORX)	_____%	2025 Portfolio	_____%
Vanguard Equity Income (VEIRX)	_____%	2030 Portfolio	_____%
Fidelity 500 Index (FXAIX)	_____%	2035 Portfolio	_____%
American Century Ultra R6 (AULDX)	_____%	2040 Portfolio	_____%
Wells Fargo Special Mid Cap Value (WFPRX)	_____%	2045 Portfolio	_____%
Fidelity Mid Cap Index (FSMDX)	_____%	2050 Portfolio	_____%
Janus Enterprise (JAENX)	_____%	2055 Portfolio	_____%
Invesco Small Cap Value R6 (SMVSX)	_____%	2060 Portfolio	_____%
Fidelity International Index (FSPSX)	_____%	2065 Portfolio	_____%
American Funds New World R6 (RNWGX)	_____%	2070 Portfolio	_____%
Invesco Discovery R6 (ODIIX)	_____%	**Risk Based Portfolios**	
Fidelity Small Cap Index (FSSNX)	_____%	Conservative Portfolio	_____%
Golman International Equity Income R6 (GSUKX)	_____%	Moderate Portfolio	_____%
Fidelity International Growth (FIGFX)	_____%	Aggressive Portfolio	_____%
		TOTAL	**100%**

Section 4 – Payroll Deduction

The plan allows participants to designate contributions as "regular" 403(b) contributions. "Regular" 403(b) contributions are taken out of your pay before taxes.

- ❑ **403(b) Contributions** – I hereby authorize the Employer to reduce my pre-tax pay under the terms of the Plan by ____% (in 1% increments or by $_____.) These contributions are **not** subject to current tax withholding.
- ❑ I will be age 50 by the end of the calendar year. Please reduce my pre-tax pay by an additional $_____ to be applied toward my catch-up contribution.

Section 5 – Beneficiary Designation

In the event of my death, I hereby authorize and direct my account balance under the Plan to be distributed among the following person(s): (If you elect to name more than two primary beneficiaries, attach a separate sheet with the required information).

Name	Social Security Number	Date of Birth
Address	Relationship	Percent of Benefit
Name	Social Security Number	Date of Birth
Address	Relationship	Percent of Benefit

In the event the primary beneficiary(ies) named above does not survive me, I desire my benefit to be paid to my contingent beneficiary(ies) as follows:

Name	Social Security Number	Date of Birth
Address	Relationship	Percent of Benefit
Name	Social Security Number	Date of Birth
Address	Relationship	Percent of Benefit

If you are married and elect to name a person other than your spouse as beneficiary, your spouse must complete the following:
I understand that my spouse, who is a participant in the Plan, has elected not to name me as beneficiary of his/her account balance in the event of his/her death.

Name	Date
Notary Public	Date

Section 6 – Authorization

I understand that the information on this form will become effective according to the terms of the Plan and will continue in effect until future changes are made in writing as provided by the Plan.

Employee's Signature	Date
Plan Administrator's Signature	Date