

1. REQUIRED PERSONAL INFORMATION

Employer Plan Number: 302663 **Employer Plan Name:** BARTLETT REGIONAL HOSPITAL

Social Security Number (for tax-reporting purposes): _____ - _____ - _____

Full Name of Participant: _____

Last
First
M.I.

Mailing Address/Street: _____

City: _____ **State:** _____ **Zip Code:** _____

Date of Birth: ____/____/____ (mm/dd/yyyy) **Date Employed/Rehired:** ____/____/____ (mm/dd/yyyy) **Rehire? check if Yes**

Provide your email to be enrolled in e-Delivery automatically. You will receive email notification when your quarterly statements and transaction confirmations are available online. You may opt out by checking the box below. **Email Address** (required for e-Delivery): _____ **No, I do not wish e-Delivery at this time.**

Job Title: _____

Preferred Phone Number: (____) _____ - _____ **Gender:** Male Female **Marital Status:** Married Single
Area Code

2. CONTRIBUTION AMOUNT

Specify a percentage or dollar amount for pre-tax and/or Roth contributions. If you sign this form prior to your first day of work, contributions will begin as soon as administratively possible. Otherwise, contributions will begin as soon as administratively possible following the month in which this form is signed.

Pre-tax contributions of _____% or \$_____ from my pay each pay period.

Roth contributions of _____% or \$_____ from my pay each pay period.

If you are taking advantage of the catch-up contribution provision available to 457 deferred compensation plan participants, please check the applicable box here:

"Age 50" catch-up provision

3. BENEFICIARY DESIGNATION

- Update and designate additional beneficiaries at any time via Account Access at www.icmarc.org.
- Failure to indicate any percentage or failure to use whole percentages (e.g., enter 33%, not 33.33% or 33 1/3 %) that total 100% for your "Primary" beneficiary(ies) and 100% for your "Contingent" beneficiary(ies) may invalidate your beneficiary designation.
- Check one "Beneficiary Type" and one "Relationship" for each beneficiary. Failure to do so may result in your designation being invalid.
- Married Participants - Some 401 plans require that you obtain consent from your spouse if you do not designate him/her as the primary beneficiary for 100% of your account. If you live in a community property state (AZ, CA, ID, LA, NV, NM, TX, WA, or WI), you must obtain consent from your spouse to designate a nonspouse beneficiary for greater than 50% of the account. Use the Beneficiary Designation Form, available online at www.icmarc.org/forms, if spousal consent is required.**

Beneficiary Type: Primary **Relationship (Check One):** Spouse Non-Spouse Trust* Charity

Name
Date of Birth
Social Security Number
% of Benefit

(whole % only)

Beneficiary Type (Check One): Primary Contingent **Relationship (Check One):** Spouse Non-Spouse Trust* Charity

Name
Date of Birth
Social Security Number
% of Benefit

(whole % only)

Beneficiary Type (Check One): Primary Contingent **Relationship (Check One):** Spouse Non-Spouse Trust* Charity

Name
Date of Birth
Social Security Number
% of Benefit

(whole % only)

Employer Plan Number 302663 Social Security Number _____ Name (please print) _____

Beneficiary Type (Check One): Primary Contingent Relationship (Check One): Spouse Non-Spouse Trust* Charity

Name _____ Date of Birth _____ Social Security Number _____ % of Benefit _____
(whole % only)

*** Trust Beneficiaries** - You must submit a copy of your entire trust document with the enrollment form if you desire the beneficiaries of the trust to be treated as designated beneficiaries for the purpose of determining required minimum distributions.

Designate additional beneficiaries online after your account is established, or write "see attached sheet" and attach and sign a separate piece of paper with your name, plan number, Social Security number, and the additional beneficiary information.

4. INVESTMENT SELECTION

Choose only one of the investment selections. Your selection will determine how contributions to your account will be invested. If no allocation instructions are provided, the percentages do not total 100%, or the allocation instructions are invalid, assets will be allocated to the default investment selected by your employer until additional instructions are received from you. Review the **Notice Regarding Default Investments** included in the Enrollment Kit for more information. Note: The allocation instructions you provide will apply to payroll contributions only.

Simplify and diversify with one fund- Please refer to the Investment Options Sheet for a list of funds and codes.

- Milestone Fund.** You will be invested in the Milestone Fund, also known as a "Target Date" fund, which most closely matches the year in which you will reach your plan's default retirement age. For most plans this is age 60. The Milestone Fund is a diversified fund designed for investors who expect to retire and/or begin withdrawals around a target year. Note that you may change this investment at any time.
- Target Date Fund.** Fund Code _____ = 100%

OR

Build your own investment portfolio
 Input the fund codes and allocation percentages (must total 100%) to show how contributions to your account will be invested. A list of funds and codes can be found on the Investment Options Sheet.
Note: Please use whole percentages only.

INVESTMENT ALLOCATION			
Code	Percent	Code	Percent
			TOTAL = 100%

OR

Ask ICMA-RC to invest and manage your account for you

Managed Accounts - By electing this option, you agree to have your account professionally managed by ICMA-RC. If you elect this option, do not complete Option #2.

Annual Salary: \$ _____ Desired Retirement Age: _____ Your Annual Desired Retirement Income: \$ _____ or _____ %
(100% of current after-tax salary is recommended)

Additional Employer Annual Contribution (if applicable) _____ % or \$ _____

Will you receive Social Security Retirement Benefits? Yes No Annual Social Security Retirement Benefit \$ _____ (Please see instructions for further details)

Number of Dependents _____

Will you receive Pension payments outside of Social Security or your 457 or 401 Plan retirement accounts? Yes No. If you select "Yes" please complete A, B and C below:

(A) Age at which Pension Begins _____ (B) Annual Pension Benefit Amount (choose only one) Option A: \$ _____ (In today's dollars) you expect to receive in retirement

Or

Option B: _____ % of your salary you expect to receive in retirement

(C) Is your Pension subject to a cost of living adjustment (COLA) in retirement? Yes No



457 Deferred Compensation Plan Employee Enrollment Form — Page 3

Employer Plan Number
302663

Social Security Number
_____ - _____ - _____

Name (please print)

5. AUTHORIZED SIGNATURES

Submit this form to your employer promptly to avoid investment delay. If this form is faxed to ICMA-RC please do not mail the original.

Note that by signing this form you acknowledge that you agree to the following disclosure: I understand that ICMA-RC has established required procedures for Internet and telephone transfers that include personal identification numbers, recording of instructions, and written confirmations. In the event I choose to transfer funds by Internet or telephone, I agree that neither the VantageTrust Company, ICMA-RC, ICMA-RC Services, LLC, nor Vantagepoint Transfer Agents, LLC, will be liable for any loss, cost, or expense for acting upon any Internet or telephone instructions believed by it to be genuine and in accordance with the required procedures.

You hereby verify that by signing this Enrollment Form you have read and understand: 1) ICMA-RC Guided Pathways® Fund Advice and Managed Accounts Investment Advisory Agreement, dated September 2015 (the "Investment Advisory Agreement"), including the information on Managed Accounts advisory fees and 2) Part 2A of ICMA-RC's Form ADV for Guided Pathways® and Retirement Readiness Reports Advisory Services.

By signing this Enrollment Form, you also certify that you agree to all the terms and conditions set forth on the enclosed Investment Advisory Agreement and that you are also executing the Investment Advisory Agreement as of the date you sign this Enrollment Form.

Participant's Signature

____/____/____
Month Day Year

Employee ID _____
For Employer Use Only

Authorized Employer Official's Signature

____/____/____
Month Day Year

Employer Plan Number
302663

Social Security Number

Name (please print)

Additional Managed Accounts Information

Only complete and return this page if you selected Managed Accounts (Option 1) in the "Allocation of Contributions" section on Page this form, and wish to further personalize your enrollment in Managed Accounts.

6. RETIREMENT INFORMATION

ONLY COMPLETE THIS SECTION IF YOU ARE WITHIN 10 YEARS OF YOUR DESIRED RETIREMENT AGE AND THE VT RETIREMENT INCOMEADVANTAGE FUND IS AN AVAILABLE INVESTMENT OPTION IN YOUR RETIREMENT PLAN

A. To what extent is this retirement account intended to be a source of ongoing income during your retirement years?

Extremely likely - Nearly 100% chance Likely - 75% chance (default) Not likely - Less than 50% chance

B. Once you have reached age 65, on average you should expect to live an additional 20 to 25 years. Given your own health status and family history do you feel you will live?

Shorter than average Near average (default) Longer than average

C. Bequest Amount \$ _____

7. YOUR SPOUSE OR PARTNER INFORMATION

Please read the instructions on the back for important information about including Spouse or Partner information.

Spouse or Partner Name _____

Last	First	MI
Date of Birth _____		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Desired Retirement Age: _____	Current Annual Salary \$ _____
Your Spouse's or Partner's Annual Desired Retirement Income: \$ _____ or _____ %		

(100% of current after-tax salary is recommended)

Will your Spouse or Partner receive Social Security Retirement Benefits? Yes No

Annual Social Security Retirement Benefit \$ _____ (Please see instructions for further details)

Spouse or Partner's Pension

(A) Age at which Pension Begins _____

(B) Annual Pension Benefit Amount (choose only one): **Option #1:** \$ _____ (In today's dollars) your spouse/partner expects to receive in retirement **OR**
Option #2: _____ % of your spouse/partner's salary he/she expects to receive in retirement

(C) Is this Pension subject to a cost of living adjustment (COLA) in retirement? Yes No

8. OUTSIDE ACCOUNT INFORMATION

Outside Account 1: Account Owner You or Your Spouse/Partner

Account Type (Check only one) 401(k) 401(a) 403(b) 457 Traditional IRA Roth IRA Taxable Savings Taxable Brokerage

Account Name _____

Total Account Balance \$ _____ You or your Spouse/Partner Annual Contribution \$ _____ Employer Annual Contribution *\$ _____ * If applicable

Asset Allocation Details

US Stocks _____ %	Bonds _____ %
International Stocks _____ %	Cash _____ %
Total = 100%	

Outside Account 2: Account Owner You or Your Spouse/Partner

Account Type (Check only one) 401(k) 401(a) 403(b) 457 Traditional IRA Roth IRA Taxable Savings Taxable Brokerage

Account Name _____

Total Account Balance \$ _____ You or your Spouse/Partner Annual Contribution \$ _____ Employer Annual Contribution *\$ _____ * If applicable

Asset Allocation Details

US Stocks _____ %	Bonds _____ %
International Stocks _____ %	Cash _____ %
Total = 100%	

9. SIGNATURE

Participant Signature _____ Date _____

ADDITIONAL MANAGED ACCOUNTS INFORMATION INSTRUCTIONS

Only complete and return this page if you selected Managed Accounts (Option #1) in the "Allocation of Contributions" section on Page 1 of this form and wish to further personalize your enrollment in Managed Accounts.

Although this additional information is not required to enroll you in Managed Accounts, we strongly recommend you provide as much information about yourself as possible to help ICMA-RC provide you with a more personalized level of account management.

Retirement Information: Only complete this section if you are within 10 years of your desired retirement age and the VT Retirement IncomeAdvantage Fund is an available investment option in your Retirement Plan. If you are within 10 years of your desired retirement age and the VT Retirement IncomeAdvantage Fund is an available investment option in your Retirement Plan and you do not provide an answer, the second answer listed for both questions will be used ("Likely -75% chance" and "Near average").

If the VT Retirement IncomeAdvantage Fund is an option in your Retirement Plan, based on your overall situation and responses to the following questions, Managed Accounts may recommend that a portion of your assets be invested in the VT Retirement IncomeAdvantage Fund, a VantageTrust Fund that invests in a separate account under a group variable annuity issued by a third-party insurance company, based on your overall situation and responses to the following questions. A Guarantee Fee of 1.00% is assessed by the third-party insurance company for the VT Retirement IncomeAdvantage Fund guarantees and is included along with other fund fees and expenses in the VT Retirement IncomeAdvantage Fund's net expense ratio. These guarantees are also subject to certain limitations, terms, and conditions. Please see the *VT Retirement IncomeAdvantage Fund Summary Important Considerations* document for more information.

Your Spouse or Partner Information provided in Section 6: Including information on your Spouse's or Partner's salary will increase your household retirement income and retirement income goals, which has a direct impact on the advice you will receive. If you elect to include your spouse or partner, it is important that you provide information on his/her Social Security benefits, Pensions, and Outside Accounts.

Social Security Retirement Benefits: Please indicate whether your spouse or partner will expect to receive Social Security retirement benefits. If you select "Yes" or do not select either box, we will include an estimate of Social Security benefits.

Annual Social Security Retirement Benefit: If no Annual Social Security Retirement Benefit is provided, Managed Accounts will generate an estimated amount based on your spouse or partner's current salary. If you wish to have Social Security benefits included in the account management for a retired spouse or partner, you must provide an estimated annual dollar amount.

Pension:

- **Annual Pension Benefit Amount**, please choose only one of the two below options:
Option #1 - Enter the annual benefit amount your spouse or partner expects to receive in retirement in today's dollars.
OR
Option #2 - Enter the percentage of salary your spouse or partner expects to receive in retirement.
- Select "Yes" to "Is their pension subject to a cost of living adjustment (COLA)?", if your spouse or partner's annual pension benefit will increase after retirement.

Outside Accounts Information provided in Section 8:

- Annual Outside Account contributions will be considered as Pre-Tax for all account types except for Roth IRA, Taxable Savings, and Taxable Brokerage which will be considered Post-Tax.
- Please designate the asset allocation for the listed outside accounts. If no asset allocation is provided or if the asset allocation provided does not total 100%, the asset allocation will initially be designated as 55% U.S. Large Cap Stocks, 5% U.S. Small Cap Stocks, and 40% Bonds.
- To provide information on more than two outside accounts, (1) write "see attached sheet" in the section and (2) attach and sign a separate piece of paper with your name, plan number, Social Security Number, and additional outside account information.

Once you have completed this page, sign it and submit it to your employer along with Page 1 of the enrollment form.

A confirmation package will be mailed to you following receipt, in good order, of all necessary documentation. This package will confirm your personal and financial information and provide you with your wealth forecast and information on how ICMA-RC will be managing your account.

To update your information, including the asset allocation for your outside accounts, at any time after your Managed Accounts enrollment, go online to www.icmarc.org or call Investor Services at 800-669-7400 to request a *Guided Pathways® Managed Accounts Update Form*.