

**Appleton Area School District
403(b) Plan
Pension Inc/Appleton Group Election Form**

EMPLOYEE INFORMATION: *Complete this form to elect 403(b) contribution savings through The Appleton Group/Pension Inc. savings options.*

Social Security Number:	Circle One:	Male	Female
Name:			
Address 1:			
Address 2:			
City:	State:	Zip Code:	
Date of Birth:	Date of Hire:		
E-mail Address:			

SIGNATURE: _____ **DATE:** _____

My signature is consent to the following elections and I understand the following information:

- 1) *My deferral account will be subject to investment gain or loss in accordance with my investment direction.*
- 2) *I have a duty to review my pay records to confirm the employer properly has implemented my election and to inform the Plan Administrator if I discover any discrepancy between my pay records and this Election Form.*

INVESTMENT ELECTION: *Please invest my accounts in whole percentages as follows. Investment elections will apply to all current and future account balances until modified by the participant.*

Symbol	Fund	Allocation %
GL-AGCONS	Appleton Group Portfolio - Conservative	
GL-AGCORE	Appleton Group Portfolio	
GL-AGMOD	Appleton Group Portfolio - Moderate	
	TOTAL (verify elections total 100%)	100%