

403b CONSULTANTS

AN AFFILIATE OF RETIREMENT PLAN CONSULTANTS LLC



403b Plan - Enrollment Guide

Simple 4-Step Process

- Step 1** Complete Enrollment Form (attached)
- Step 2** Complete Beneficiary Designation Form (attached)
- Step 3** Complete Investment Election Form (attached)
- Step 4** Complete Salary Reduction Agreement

403bplan.net

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Step 1 - 403(b) ENROLLMENT FORM

Please return this form to your Human Resources office after completing.

PARTICIPANT INFORMATION

School Name _____

_____-_____-____-____-____-____-____-____
Hire Date

First Name _____

MI _____

Last Name _____

Address _____

City _____

State _____

Zip Code _____

_____-_____-____-____-____-____-____-____
Cell Number

_____-_____-____-____-____-____-____-____
Home Number

_____-_____-____-____-____-____-____-____
Social Security Number

Marital Status: Single Married

_____-_____-____-____-____-____-____-____
Birth Date

Email _____

No Yes - Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer? (If "yes" you must attach a letter from your employer approving the establishment of your account when submitting this application.)

No Yes - Are you a director, 10% shareholder or policy-making officer of a publicly held company?

(If "yes", enter company name _____ and trading symbol _____.)

ENROLLMENT ELECTION

Complete **Salary Reduction Agreement** to initiate a voluntary salary reduction and specify deferral election details.

I agree that my pay will be reduced in the manner I have indicated on the Salary Reduction Agreement and that those dollars will be deferred into the 403(b) Plan. This Elective Deferral Agreement will continue to be in effect while I am employed, unless I change or terminate it. I acknowledge that I have read this entire agreement, understand it, and agree to its terms. In the event that an erroneous contribution or excess contribution is made to my account, I authorize my employer to make necessary corrections to ensure elective deferrals made to my account are in accord with the limits specified in the following sections of the Internal Revenue Code: the elective deferral limitations in Sections 402(g) and 414(v) and the annual additions limitations in Section 415(c). I have reviewed the respective website regarding the 403(b)(7) Custodial Account Agreement and I adopt the terms of the 403(b)(7) Plan and appoint MG Trust Company as custodian (does not apply if another custodian / annuity is chosen, subject to plan document and sponsor). I authorize MG Trust Company or its agent to perform those functions and appropriate administration services as specified. I understand fees will be collected by redeeming sufficient shares from my account balance or if money is common remitted to an outside vendor; fees can be collected during that process. Fees are calculated and collected quarterly in advance.

I authorize 403b Consultants LLC, Aspire and their agents to act on any instructions believed to be genuine for any service authorized on this form, including telephone/computer services. The parties will use reasonable procedures to verify the identity of the account holder and the person(s) granted trading privileges, if applicable when servicing an account by telephone. I understand that it is their policy to accept transaction instructions from and provide account information to the registered account owner(s) only, unless the account owner(s) has provided written authorization to the parties to grant trading privileges to another person. I further understand that it is my responsibility to monitor the activity in my account and not to provide account information, including my online user name and password to anyone, 403b Consultants LLC, Aspire and their agents are not liable for any losses that may occur from acting on unauthorized instructions.

Employee is responsible for providing the necessary information at the time of initial enrollment and later if there are any changes in any information necessary or advisable for Employer to administer the plan. Employee is responsible for determining that the salary reduction amount does not exceed the limits set forth in applicable law. Furthermore, Employee agrees to indemnify and hold Employer harmless against any and all actions, claims, and demands whatsoever that may arise from the purchase of annuities or custodial accounts. Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness, or tax consequences with regard to his/her selection of the annuity and / or custodial account. Nothing herein shall affect the terms of employment between Employer and Employee. This agreement supersedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

Employee is responsible for naming a death beneficiary under annuity contracts or custodial accounts. Employee acknowledges that this is normally done at the time the contract or account is established and reviewed periodically.

Employee is responsible for all distributions and any other transactions with 403b Consultants LLC. All rights under contracts or accounts are enforceable solely by Employee, Employee beneficiary, or Employee's authorized representative. Employee must deal directly with 403b Consultants LLC to make loans, transfers, apply for hardship distributions, or any other transaction.

SIGN
HERE

Signature of Participant

_____-_____-____-____-____-____-____-____
Date (month | day | year)

Step 2 - BENEFICIARY DESIGNATION FORM

ACCOUNT HOLDER INFORMATION

Account Holder Name _____

- -

Social Security Number

NAME YOUR BENEFICIARIES

If additional beneficiary(ies) are desired, please make a copy of this page to provide additional beneficiary(ies) information.

I designate the following person(s) or entity(ies) below as my beneficiary(ies) to receive payment of the value of my retirement account upon my death.

<input type="text"/>	Beneficiary/Entity Name _____	Relationship _____
<input type="checkbox"/> % Share	Address _____	City, State, Zip _____
<input type="checkbox"/> Primary OR	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Contingent	Social Security Number	Date of Birth
<input type="checkbox"/> Per Stirpes*	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	Beneficiary/Entity Name _____	Relationship _____
<input type="checkbox"/> % Share	Address _____	City, State, Zip _____
<input type="checkbox"/> Primary OR	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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<input type="text"/>	Beneficiary/Entity Name _____	Relationship _____
<input type="checkbox"/> % Share	Address _____	City, State, Zip _____
<input type="checkbox"/> Primary OR	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Contingent	Social Security Number	Date of Birth
<input type="checkbox"/> Per Stirpes*	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	Beneficiary/Entity Name _____	Relationship _____
<input type="checkbox"/> % Share	Address _____	City, State, Zip _____
<input type="checkbox"/> Primary OR	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Contingent	Social Security Number	Date of Birth
<input type="checkbox"/> Per Stirpes*	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

PLEASE NOTE: If you designate more than one beneficiary or contingent beneficiary, the percentage allocations must add up to 100%.

Account Holder understands that if no beneficiary survives him/her or if the beneficiary(ies) cannot be located, the Account Holder's estate will be the sole beneficiary for the Account. Account Holder understands that if Account Holder fails to indicate share percentages, all benefits will be divided equally among the primary beneficiaries (or contingent beneficiaries, if no primary beneficiary remains).

Account Holder understands that he/she may change or revoke this designation at any time by completing a new Beneficiary Designation Form. Completion of this form will revoke any prior beneficiary designations made for the account.

***A "per stirpes distribution of my estate in equal shares to my children Bob and Sue" means that if Bob dies before me, his children can share what would have been his share had he survived me.**

SIGN HERE

Signature of Participant

- -

Date (month | day | year)

NOTE: Spousal Consent is required if the participant is married and the designated primary beneficiary is not the participant's spouse. The spouse's signature must be witnessed by either (1) a representative of the plan or (2) a Notary Public.

Spousal Waiver: I hereby consent to the above beneficiary designation.

▶

Signature of Spouse

- -

Date (month | day | year)

Witness of Notary: Subscribed and Sworn to me this _____ day of _____, 20_____.

▶

Notary Signature

- -

Commission Expiration Date (month | day | year)

Step 3 - INVESTMENT ELECTION FORM

Use this form to make your investment elections for your account.

SELECT YOUR INVESTMENTS

Predefined Model Portfolios: You may elect one model allocation. Please go to www.403bplan.net for details.



Portfolio

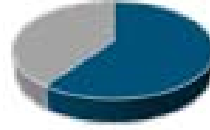
100

HIGH



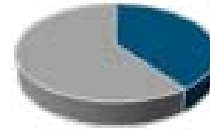
Portfolio

80



Portfolio

60



Portfolio

40



**Income
Portfolio**

LOW

Risk/Return Chart

REBALANCE EXISTING ACCOUNT BALANCE

This feature rebalances the investments in your account into your new investment election (above). If nothing is selected, your current account balance will **NOT** be rebalanced to reflect your new investment allocation. Yes No

AUTOMATIC REBALANCING

This feature automatically rebalances the investments in your account to maintain the asset allocation percentages. The frequency of this feature will be done semi-annually. If nothing is selected, your investments will **NOT** be automatically rebalanced to maintain the asset allocation percentages. Yes No

INVESTMENT AUTHORIZATION

Before investing, consider the investment objectives, risks, charges, and expenses. Go to www.403bplan.net for a prospectus containing this information. Read it carefully.

I acknowledge that I have read the prospectus for the investments selected and this account will be subject to the prospectus as amended from time to time. I will obtain the current prospectus for each fund into which I may exchange before I request the exchange. Furthermore, I understand that if I fail to complete the investment election correctly, I will be deemed to direct that future contributions will be invested in the plan's default fund.

**SIGN
HERE**

Participant Signature

Date (month | day | year)

Social Security #

Print Full Name

Employer Name

Plan ID