



**CONFIDENTIAL
PLANNING**

Dear Participant,

Thank you for your interest in the SmartChoice™ 403(b) plan.

1. Please complete the information requested on the enclosed SmartChoice 403(b) New Participant Enrollment form.
2. Remember to select your primary and contingent beneficiary.
3. Sign and date the front page.
4. Choose your investment selections (on the reverse side of the form) making sure your selections total 100%.
5. Sign and date the investment selection side of the form.
6. If your school uses The OMNI Group to oversee your school's 403(b) plan please complete the attached Salary Reduction Agreement.
7. Return the form(s) to us by FAX: **(315)-251-0042** (be sure to fax both sides!)

or by mail to:

Confidential Planning
507 Plum Street, Suite 120
Syracuse, NY 13204

Thank You!

**SMARTCHOICE™ 403(b)
NEW PARTICIPANT ENROLLMENT FORM**

Plan #: 544812

Organization: _____

Participant Name: _____

Social Security No. _____

Date of Birth: _____

Address: _____

Day Phone: _____

email: _____

Beneficiary Election

PRIMARY BENEFICIARIES			
Name			
Address			
Relationship			
Date of Birth			
Soc. Sec. #			
% of Share			

CONTINGENT BENEFICIARIES			
Name			
Address			
Relationship			
Date of Birth			
Soc. Sec. #			
% of Share			

If I have designated more than one Primary Beneficiary, the said amount(s) shall be equally divided among my Primary Beneficiaries who are living at the time of my death unless I specify otherwise on this form. If, upon my death, there is no Primary Beneficiary living, and if I have named more than one Secondary Beneficiary, the said amount(s) shall be equally divided among my Contingent Beneficiaries who are living at the time of my death unless I specify otherwise on this form. The execution of this form and delivery thereof to the Plan Administrator revokes all prior designations of Beneficiaries that I may have made.

Signature _____ Date _____

❖ Please complete reverse side ❖

Participant Name: _____

Please Note: If you do not make a selection, your money will be invested in the target date retirement fund closest to the year in which you will turn 55.

\$ _____ Dollar amount I want to have deducted per pay period (must be whole dollars)

Investment Selections:

RETIREMENT TARGET DATE FUNDS

____ % T. Rowe Price 2010

____ % T. Rowe Price 2020

____ % T. Rowe Price 2030

____ % T. Rowe Price 2040

____ % T. Rowe Price 2050

STOCK FUNDS

Large Cap

____ % American Funds Income Fund of America

____ % Oppenheimer Select Value

____ % Vanguard 500 Index

____ % American Funds Fundamental Value

____ % American Funds Growth Fund of America

Mid Cap

____ % Vanguard Mid Cap Index

Small Cap

____ % Vanguard Small Cap Index

International

____ % American Funds EuroPacific

____ % American Funds Small World

BOND FUNDS

____ % PIMCO Total Return

____ % Vanguard Intermediate Term Treasury

____ % Oppenheimer International Bond

____ % Loomis Sayles Strategic Income

MONEY MARKET

____ % Federated Prime Value Obligation

100% TOTAL

Signature _____

Date _____

❖ Please complete reverse side ❖



School #	
Rec.	
Initials	
Comp	

Employee Contributions Only*

403(b) 457 Roth 403(b) [please pick one]

**2009 Salary Reduction Agreement ("SRA")
For Tax Sheltered Annuities and Custodial Accounts**

IMPORTANT NOTICE

Before you sign, please read all information on this form: (A Tax Sheltered Annuity ("TSA") is an investment account that is set aside for your retirement (only), and is paid for with "pre-tax" dollars. A Custodial Account ("CA") is the group or individual custodial account or accounts, established for each Employee, by the Employer, or by each Employee individually, to hold assets of the Plan. Unless utilizing the catch-up provisions, your Maximum Allowable Contribution ("MAC") cannot exceed \$16,500 (\$22,000 if age 50 or over). Both TSA & CA receive tax deferred treatment.

Part 1: Employee Information –Mandatory. Please Print Clearly to Ensure Timely Processing.		
Social Security Number:	Employer Name:	Is this new? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Name:	Date of Birth:	Date of Hire:

Part 2: Employer Information - To Be Completed by Payroll Office, If Applicable		
Salary:	# of TSA/CA Pay Periods:	Effective Payroll Date:
Employer Signature & Date:	Employer Name & Title:	

Part 3: Contribution Information - Mandatory. Please review and select the applicable option(s).				
<input type="checkbox"/>	I do not wish to participate at this time. I understand that I may participate in the program at any time in the future by contacting a district participating service provider (An investment company who has signed an Information Sharing Agreement with Omni). STOP: Please proceed to Part 5 and return agreement to Employer.			
<input type="checkbox"/>	Discontinue SRA(s). Please discontinue my salary reduction(s) indicated below:			
Service Provider Name:		Effective Payroll Date:		
<input type="checkbox"/>	No change. I am a current TSA/CA participant: continue my existing SRA and Service Provider			
<input type="checkbox"/>	Initiate a New salary reduction with a new Service Provider. Please indicate the Service Provider(s) and amounts in the table below. You must establish your account with a participating Service Provider prior to submitting this request.			
<input type="checkbox"/>	Change a Current Salary Reduction Amount with your Service Provider. Please indicate the Service Providers/Amounts in the table below. If you are changing Employers, you must also notify your participating Service Provider(s) of the change prior to submitting this request.			
<input type="checkbox"/>	Special Contribution Request. Please indicate the Service Providers/Amounts in the table below. Please select: <input type="checkbox"/> Final Contribution, no further deductions. <input type="checkbox"/> One Time Contribution, prior reductions will resume in the following payroll.			
Service Provider Name:		Account #(If Known):	Amount[†] Per Pay Period:	Effective Payroll Date[‡]:

* Form may not be used for Employer or Non-Elective Contributions, please contact your Employer for these requests.
[†] If a percentage of salary is indicated, please contact your Employer as they may need to complete Part 2 prior to submission to OMNI.
[‡] Requested Payroll Effective Date: Salary reduction instructions shall be implemented in accordance with your Employer's next available payroll schedule, unless otherwise indicated. We are unable to process retroactive requests.

Part 4: Agreements and Acknowledgements

The above named Employee where applicable, agrees as follows:

1. To modify his/her salary reduction as indicated above.
2. That his/her Employer transfers the above stated funds on Employee's behalf to OMNI for remittance to the selected Service Provider(s).
3. This SRA is legally binding and irrevocable with respect to amounts paid.
4. This SRA may be changed with respect to amounts not yet paid.
5. This SRA may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new SRA is submitted.
6.
 - (a) That Omni does not choose the annuity contract or custodial account in which your contributions are invested.
 - (b) Omni does not endorse any authorized Service Provider, nor is it responsible for any investments.
 - (c) Omni makes no representation regarding the advisability, appropriateness, or tax consequences of the purchase of the TSA and/or CA described herein.
 - (d) Omni shall not have any liability whatsoever for any and all losses suffered by Employee with regard to his/her selection of the TSA and/or CA, its terms, the selection of the insurance company or regulated investment company, the financial condition, operation of or benefits provided by said insurance company or regulated investment company, or his/her selection and purchase of shares of regulated investment companies. Nothing herein shall affect the terms of employment between Employer and Employee.
7. To be responsible for setting up and signing the legal documents necessary to establish a TSA or CA.
8. To be responsible for naming a death beneficiary under their TSA or CA. This is normally done at the time the contract or account is established. Beneficiary designations should be reviewed periodically.
9. When provided all required information in a timely manner, Omni is responsible for determining that salary reductions do not exceed the allowable contribution limits under applicable law, and will complete MAC calculations as required by law.
10. To contact Omni to start the process on any requests for loans, hardship withdrawals, account exchanges or plan-to-plan transfers.
11. This SRA is subject to the terms of the Services Agreement between Omni and Employer, and to the Information Sharing Agreement between Omni and the Service Providers, copies of which may be obtained from Employer.
12. This agreement supersedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

Part 5: Employee Signature (Mandatory)

I certify that I have read this complete agreement and that my salary reductions do not exceed contribution limits as determined by applicable law. I understand my responsibilities as an Employee under this Program, and I request that Employer take the action specified in this agreement. I understand that all rights under the TSA or CA established by me under the Plan are enforceable solely by my beneficiary, my authorized representative or me.

Employee Signature: _____ **Date:** _____

Part 6: Acknowledgment and Representation of Sales Agent/Representative (If Applicable)

I agree to comply with all pertinent written directives regarding the solicitation of Employee. A calculation of maximum allowance will be provided annually for Employee contributing more than \$16,500 (\$22,000 if over 50) or utilizing the "catch-up provisions". Furthermore, my employer (name)_____ agrees to indemnify and hold harmless the Employer, any individual member of the governing board and the Employee participating in the 403(b) Program against any claims based on an error in the MAC I provided, except where the error is based upon erroneous information provided by Employer or Employee. Additionally, I will notify OMNI regarding any distributions or loan to participants.

Sales Agent/Representative Name: _____ **Phone** _____
(Please Print)

Address: _____

Signature: _____ **Date:** _____

Our employees are committed to prompt and accurate processing for our customers. By filling out this agreement completely, you will assist us in meeting our goal of processing your request in a timely manner.

Please return this agreement to The Omni Group, unless otherwise advised by your Employer:

The OMNI Group
Watertower Office Park • 1099 Jay Street, Building F • Rochester, NY 14611
Toll Free: (877) 544-OMNI ® • Fax: (585) 436-3633

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