



Enrollment/Investment Selection Form: Ichabod Crane Central School District 403(b) Plan

Social Security Number Last Name First Name

Address

City State Zip Date of Birth Date of Hire

Email (statements will be sent electronically unless you opt out)

Opt out of electronic delivery of statements.

Salary Deferral Election

- 403(b): Please deduct _____% (**PRE-TAX**) of my compensation each pay period for contribution to my retirement account.
- ROTH 403(b): Please deduct _____% (**ROTH**) of my compensation each pay period for contribution to my retirement account.
- I am age 50 or over and would like to make a catch-up contribution in the amount of \$_____ (max \$5500).
- I will not contribute to the plan, but will make the following investment elections of any employer contribution (if applicable).

Automatic Rebalancing:

Rebalance my account so that my fund balances match my investment election: quarterly semi-annually annually

Investment Elections (Choose from Do-it-yourself OR Auto-Pilot)

Do It Yourself (Enter whole percentages)		Auto-Pilot Investing (Choose the 1 fund whose target date most closely matches your retirement date)
Vanguard Prime Money Market Fund (Money Market) _____%	T. Rowe Price Value Fund (Large Company Value Stock) _____%	- Check only one box -
Vanguard Short Term Inv. Grade Bond Fund (Short-Term Bonds) _____%	Tocqueville Fund (Large Company Blend Stock) _____%	Vanguard Target Retirement Income <input type="checkbox"/>
Vanguard Total Bond Market Index Fund (Intermediate-Term Bonds) _____%	Vanguard Health Care Fund (Health Stock) _____%	Vanguard Target Retirement 2015 <input type="checkbox"/>
Vanguard GNMA Fund (Intermediate Govt. Bonds) _____%	American Funds EuroPacific Growth Fund (Foreign Lge. Company Growth Stock) _____%	Vanguard Target Retirement 2025 <input type="checkbox"/>
Dodge & Cox Income Fund (Intermediate-Term Bonds) _____%	Vanguard Mid-Cap Index Fund (Medium Company Blend Stock) _____%	Vanguard Target Retirement 2035 <input type="checkbox"/>
Vanguard Intermediate Term Treasury Fund (Intermediate Govt. Bonds) _____%	Vanguard Selected Value Fund (Medium Company Value Stock) _____%	Vanguard Target Retirement 2045 <input type="checkbox"/>
T. Rowe Price Capital Appreciation Fund (Moderate Allocation) _____%	T. Rowe Price Blue Chip Growth Fund (Large Company Growth Stock) _____%	Vanguard Target Retirement 2055 <input type="checkbox"/>
Vanguard Wellington Fund (Moderate Allocation) _____%	Goldman Sachs Growth Opp. Fund (Medium Company Growth Stock) _____%	
Franklin Growth Fund (Large Company Growth Stock) _____%	Harbor International Institutional Fund (Foreign Large Blend Stock) _____%	T. Rowe Price Retirement 2015 <input type="checkbox"/>
Vanguard Equity Income Fund (Large Company Value Stock) _____%	Vanguard Small-Cap Index Fund (Small Company Blend Stock) _____%	T. Rowe Price Retirement 2020 <input type="checkbox"/>
Vanguard 500 Index Fund (Large Company Blend Stock) _____%	Adirondack Small-Cap Fund (Small Company Value Stock) _____%	T. Rowe Price Retirement 2025 <input type="checkbox"/>
Fidelity Low-Priced Stock Fund (Medium Company Value Stock) _____%	T. Rowe Price Health Sciences Fund (Health Stock) _____%	T. Rowe Price Retirement 2030 <input type="checkbox"/>
Vanguard Total Stock Market Index Fund (Large Company Blend Stock) _____%	Vanguard REIT Index Fund (Real Estate) _____%	T. Rowe Price Retirement 2035 <input type="checkbox"/>
American Funds New Perspective Fund (World Stock) _____%	Total 100%	T. Rowe Price Retirement 2040 <input type="checkbox"/>

Your signature below acknowledges that you have received and read investment information on each fund selected above. You acknowledge that you are aware that the official fund prospectus are available on the plan website or from Plan Sponsor and you should read them before you invest. You acknowledge that incomplete or illegible investment elections may result in your account being invested in the QDIA by the Plan and disclosed in this enrollment book. Duty to review pay records: I understand, I have a duty to review my pay records to confirm the Employer properly implemented my salary reduction election. I have a duty to inform the Plan Administrator if I discover any discrepancy. I understand the Plan Administrator will treat my failure to report any withholding errors to any payroll to which my Salary Reduction Agreement applies, by the cut-off date for the next following payroll, as my affirmative election to defer the amount actually withheld (including zero). However, I thereafter may modify my deferral election prospectively, consistent with the Plan terms.

Participants Signature: _____ Date: _____