BenefitsForYou® Enrollment Form



PARTICIPANT INFORMATION	N			
Participant Name:		Social Security Number:	Date of Birth:	Hire/Rehire Date:
Home Address:		City	State	Zip Code
PLAN INFORMATION				
Plan Name				Plan Identifier
BARTON COUNTY COMMUN	IITY COLLEGE 403(B) PLAN			701423
I elect to participate and cor I elect not to make elective next available enrollment da Catch-up Contributions: If yo amount to the Plan, you are ent	ntribute% or \$ of nits found on BenefitsForYou.com.) Intribute% or \$/ Fl of deferrals until further notice. I understate. Unit will be 50 years old or older as of the itled to make additional "catch-up" contacts.	e last day of the calendar year and of ntributions. (Please refer to <i>Annual C</i>	oth account r discontinue participation therwise contribute the mailting contribution and Benefit Li	n, I must wait until the aximum allowable
	Plan Administrator for more details or	n how to make these catch up contrib	outions.	
NVESTMENT ELECTIONS				
your investment election prior to more information regarding you	American Fur American Fur American Fur American Fur American Fur American Fur American Fur American Fur	e plan, your contributions will be alloc sheet located in the enrollment book o	ated to the Plan's default	fund. You can find
	d, consent to making the preceding sa changes as soon as administratively p		hat my Employer will begi	n processing my
Participant Signa	ture			Date:
-				