

Enrollment Form

1 PARTICIPANT INFORMATION

Participant Name:	Social Security Number:	Date of Birth:	Hire/Rehire Date:
Home Address:	City:	State:	ZIP:

2 PLAN (EMPLOYER) INFORMATION

Plan Name (Employer): Barton County Community College 403(b) Plan	Plan Identifier: 701423
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3 EMPLOYEE CONTRIBUTION ELECTIONS

- I elect to participate and contribute ____% or \$_____ of compensation per pay period on a pre-tax basis (Please refer to Annual Contribution and Benefit limits found on BenefitsForYou.com.)
- I elect to participate and contribute ____% or _____ of compensation per pay period to a Roth account (Please refer to Annual Contribution and Benefit limits found on BenefitsForYou.com.)

Catch-up Contributions: If you will be 50 years old or older as of the last day of the calendar year and otherwise contribute the maximum allowable amount to the Plan, you are entitled to make additional "catch up" contributions (Please refer to Annual Contribution and Benefit limits found on BenefitsForYou.com.) See your Plan Administrator for more details on how to make these catch up contributions.

- I elect not to make elective deferrals until further notice. I understand that if I do not participate now, or discontinue participation, I must wait until the next available enrollment date.

4 INVESTMENT ELECTIONS

To select your investments, log on to BenefitsForYou.com or contact our Participant Service Center at 800.999.8786 for assistance. If you do not select your investment election prior to your contributions being made to the plan, your contributions will be allocated to the Plan's default fund. You can find more information regarding your Plan's default fund on the fund fact sheet located in the enrollment book or at BenefitsForYou.com.

Plan Default Fund: American Target Date Funds R6

5 PARTICIPANT SIGNATURE

I, the undersigned, consent to making the preceding salary deferral elections.

Participant Signature: X	Date:
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Return this form to your Employer