

457(B) Enrollment Form



SECTION I – PLAN PARTICIPANT INFORMATION

(Please Print)

Employer Name _____

Participant Name (Last, First) _____ Social Security No. _____

Mailing Address _____ Date of Birth _____

City _____ State _____ ZIP _____ Date of Hire _____

Phone Number _____ Email Address _____

SECTION II – DEFERRAL AMOUNT

The amount I elect to defer will be withheld from my paycheck and paid by my employer into the Plan on my behalf.

☐ Effective _____ I wish to defer _____ % or \$ _____ from my compensation each payroll period.

☐ Zero. I wish to stop my deferrals effective the next payroll period.

I understand any change of election regarding the deferral amount is effective only for deferrals from paychecks I receive after the Employer accepts my change of election.

SECTION III – INVESTMENT DIRECTION

This applies to your initial enrollment. Changes to your investments once you are enrolled in the Plan must be made either via the Participant Service Center at 888-401-5629, or online at www.gmanet.com/NewGMADCDC.

NOTICE TO PARTICIPANT: *If you do not provide investment instructions, the money in your account will automatically default into the age appropriate (the years closest to when you turn age 65) T. Rowe Price Target Date fund.* I elect to create a custom portfolio by allocating contributions among the individual mutual funds listed below, (making sure that your allocations total 100%).

<u>Percent</u>	<u>Name of Fund</u>	<u>Percent</u>	<u>Name of Fund</u>
<u>Asset Allocation</u>			
_____ %	T. Rowe Price Retirement 2010 Fund I	_____ %	T. Rowe Price Retirement 2015 Fund I
_____ %	T. Rowe Price Retirement 2020 Fund I	_____ %	T. Rowe Price Retirement 2025 Fund I
_____ %	T. Rowe Price Retirement 2030 Fund I	_____ %	T. Rowe Price Retirement 2035 Fund I
_____ %	T. Rowe Price Retirement 2040 Fund I	_____ %	T. Rowe Price Retirement 2045 Fund I
_____ %	T. Rowe Price Retirement 2050 Fund I	_____ %	T. Rowe Price Retirement 2055 Fund I
_____ %	T. Rowe Price Retirement 2060 Fund I	_____ %	T. Rowe Price Retirement Balanced
<u>Stable Value</u>		<u>Real Asset</u>	
_____ %	Invesco Stable Value	_____ %	Principal Diversified Real Asset Fund
<u>General Bond</u>		<u>Small-Mid Company</u>	
_____ %	Prudential Total Return Bond Fund	_____ %	Eaton Vance Atlanta Capital Smid-Cap
_____ %	Vanguard Total Bond Market Index Adm	_____ %	Vanguard Extended Market Idx Adm
<u>Large Company</u>		<u>International</u>	
_____ %	Vanguard Windsor II Fund Admiral Shares	_____ %	Vanguard Total Intl Stock Index Instl
_____ %	Vanguard Institutional Index Instl	_____ %	Hartford International Opportunities
_____ %	T. Rowe Price Large Cap Core Growth		



457(b) Beneficiary Designation Form

SECTION I – PLAN PARTICIPANT INFORMATION

(Please Print)

Employer Name _____

Participant Name (Last, First) _____ Social Security No. _____

Mailing Address _____ Date of Birth _____

City _____ State _____ ZIP _____ Date of Hire _____

SECTION II – EXPLANATION

Under the terms of the Plan, you may designate a beneficiary (an individual, trust or other entity) to receive amounts remaining in your Plan account at the time of your death.

You can change your beneficiary designation at any time by going online to www.gmanet.com/NewGMADCDC or completing a new beneficiary designation form. The form must be submitted to the Plan Administrator prior to your death or it will not be effective.

If you designate your spouse as your beneficiary and you are subsequently divorced or legally separated from your spouse, the designation will become void as of the date of divorce or legal separation, except to the extent otherwise provided under a qualified domestic relations order, unless you file a new beneficiary designation form naming your separated or ex-spouse as beneficiary.

If you do not designate a beneficiary, or your designated beneficiary and any alternate beneficiary predecease you, the terms of the Plan determine who will receive payment of your Plan account.

SECTION III – DESIGNATION OF BENEFICIARY (Attach Additional Pages if Needed)

A. Primary Beneficiary(ies). I hereby designate the following as my primary beneficiary(ies) under the Plan (total must equal 100%):

Name	Relationship to Participant	Social Security Number	Percentage
_____	_____	_____	_____
_____	_____	_____	_____

B. Alternate Beneficiary(ies). If my primary beneficiary(ies) predecease me, I hereby designate the following as my alternate beneficiary(ies) under the Plan (total must equal 100%):

Name	Relationship to Participant	Social Security Number	Percentage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION IV – PARTICIPANT SIGNATURE

I designate the persons named above to be my beneficiaries under the Plan and hereby revoke any prior beneficiary designations made by me. I understand that the designation being made above must be filed by me with the Plan Administrator prior to my death to be effective, and that this designation will remain in effect until I change it.

Participant's Signature _____

Date _____/_____/_____

In the event of a conflict between this form and Federal law or the Plan Documents, Federal law or the Plan Documents will control.