



Plan Name: Town of Westport FBO OBRA 457
Plan #613632

The following sections need to be completed by the participant when opening an account under the Plan. The Plan information (name and plan#) and investment allocation is already prefilled. The calculation for the contribution is the required formula.

Sections to be completed by participant:

Section #1:
Complete participant information

Section #5:
Complete beneficiary information

Section #7
Complete - Signature required



Questions? Call our National Service Center at 1-800-888-2461.

Instructions
Complete the entire form to establish a new 457 Account. Check with your Human Resources Department for any limitations that may apply to the amount that can be deducted. Provide your employer a copy of this form to serve as your salary reduction agreement. Please type or print.

1. Provide Participant Information
Participant Name _____ O Male O Female
Mailing Address _____
Residential Address _____
Social Security Number _____ Date of Birth _____
Daytime Phone Number _____ Home Phone Number _____
Date of Hire _____

2. Provide Plan Information
Plan Number 613632 Plan Name TOWN OF WESTPORT FBO OBRA 457 PLAN

3. Provide Salary Reduction Information
Deferrals can start no earlier than the first day of the month following the month this application is signed.
Deferrals start on _____
Deduct from my salary:
Pre-tax Qualified Contribution of \$ _____ or _____ % per pay period.
After-tax Roth Contribution of \$ _____ or _____ % per pay period.
Catch-Up Amount
Pre-tax Qualified Contribution of \$ _____
After-tax Roth Contribution of \$ _____
* If you indicated a catch-up amount, please select one of the following:
Age 50+ O 3-years before normal retirement age. Expected retirement date _____

4. Set Up Electronic Privileges
Transactions may be requested via telephone, Internet, or other electronic means by the Participant and/or servicing sales representative based on instructions of the Participant.
Reasonable procedures have been established by Security Distributors, Inc. to confirm that instructions communicated by telephone are genuine and may be liable for any losses due to fraudulent or unauthorized investors if it fails to comply with its procedures. Neither the Fund nor Security Distributors, Inc. will be liable for any loss, liability, cost or expenses arising out of any telephone request, provided the procedures were followed. Thus, a stockholder may bear the risk of loss from a fraudulent or unauthorized request.

5. Provide Primary and Contingent Beneficiary(ies)
For additional Beneficiaries, please attach a separate list to the end of this enrollment form. If you are married and would like to designate someone other than your spouse as beneficiary, please use the Non-Financial Change form.
Table with columns: Primary Beneficiary Name, Social Security No., DOB (mm/dd/yyyy), Relationship to Participant, % of Benefit. Includes rows for 1. and 2. for both Primary and Contingent beneficiaries.

6. Select only one of the investment options listed below: If no direction is provided, your existing account balance and future contributions will be invested in your employer's designated default fund.

Option 1

Choose Your Own Investment Strategy – Please use whole percentages.

- Invest into a Fixed Account* which offers a guaranteed interest rate (allocate up to 100% of your investments). _____ %
- Choose a Target Date Fund based upon the year you would like to retire (allocate 100% of your investments between a target date fund and/or the fixed account). _____ %

Fund Name _____ Fund Code _____

*If this option is not available within your plan or state, then your election will be made to the employer designated default fund.

Option 2

Use a professional Money Management program (Attach form if needed) 100%
A money manager will choose your investments on your behalf.

Option 3

Choose a Target Portfolio (allocate 100% of your investment between a target portfolio and the fixed account). _____ %
(Portfolio Letter) Portfolio Allocation Fixed Account* _____ %
Total must be 100%

-or-

Choose your portfolio of investments
(Refer to the Fund List sheet and indicate your investment preferences below)

Fund Name	Fund Code		
Group Fixed Account	FIXED	100	%
_____	_____	_____	%
_____	_____	_____	%
_____	_____	_____	%
_____	_____	_____	%
_____	_____	_____	%
_____	_____	_____	%
_____	_____	_____	%
_____	_____	_____	%

Total Must be 100%

Automatic Asset Reallocation
Check one of the boxes below only if you wish to establish Automatic Asset Reallocation. Your account will be rebalanced on the first business day of the month according to the frequency selected. Frequencies are based on a calendar year. Frequency: Monthly Quarterly Semi-annually Annually

7. Provide Signatures

I understand and acknowledge that:

- My Employer will reduce my salary as indicated on this form, and will continue until further notice.
- I am permitted to direct my investments in this plan.
- I have received and reviewed the information in my enrollment kit about investment choices and had the opportunity to freely choose how my contributions are to be invested.
- I am responsible for the results of my investment directions.
- I understand that I should contact my representative to confirm the assessment of redemption fees and the availability of certain funds.

X _____
Signature of Participant Date (mm/dd/yyyy)

Name of Representative _____ Representative Number _____

X _____
Signature of Representative Date (mm/dd/yyyy)