

Participant Instructions for the Enrollment Forms Packet

The Enrollment Forms Packet consists of the following forms:

A. Enrollment Form

- Complete all general information requested in Section I.
- Section II, elect how you would like to receive your quarterly statements.
- In Section III, elect the funds to which you want your contributions to be invested. Indicate the percentage of the contributions that should be deposited to each fund.
- Section IV, sign and date the form after reviewing your choices.

B. Contribution Election

- Elect the percentage or dollar amount of your taxable compensation each pay period you want to defer. Also, indicate the tax treatment of your deferred compensation.
- Sign and date this form.

C. Designation of Beneficiary

- Complete this form with your primary and contingent beneficiary information. You need to complete Section II *only* if you are married and you do not name your spouse as your sole, primary beneficiary.
- Sign and date this form.

Employee Directed Qualified Plan Enrollment Form

University of Illinois Employees Credit Union 401(k) Plan

All employees who have satisfied the eligibility requirements to participate in the plan must complete all four sections of this form with current information. Please print neatly using black or blue ink.

Section I – General Information – complete all requested information

Social Security Number	Last Name	First Name	MI
Date of Hire (mm/dd/yyyy)	Date of Birth (mm/dd/yyyy)	Phone Number	Gender (M or F)
Home Address (Number and Street)	E-mail Address		
City	State	Zip	

Section II – Participant Statement

- Electronic Delivery Only - \$3/ Year
- Statement mailed to address provided above & Electronic Delivery - \$9/Year

Section III – Investment Election Options

I hereby authorize all future contributions, including transfers and rollovers, to be invested as follows: *

Please use whole numbers only.

Asset Class	Misc. Funds	%	Ticker	Target Date Funds	%	Ticker
Cash	Met Life Stable Value 25157 Cls 0	___%		Vngrd Target Retire 2015 Inv	___%	VTXVX
Bond	Vngrd Infl-Prot Secs Inv	___%	VIPSX	Vngrd Target Retire 2020 Inv	___%	VTWNX
Bond	Vngrd Ttl Bd Mkt Index Inv	___%	VBMFX	Vngrd Target Retire 2025 Inv	___%	VTTVX
Bond	Vngrd Hi-Yld Corp Adm	___%	VWEAX	Vngrd Target Retire 2030 Inv	___%	VTHRX
LC Val	Vngrd Value Index Adm	___%	VVIAX	Vngrd Target Retire 2035 Inv	___%	VTTX
LC Bld	Fid Spartan 500 Index Inv	___%	FUSEX	Vngrd Target Retire 2040 Inv	___%	VFORX
MC Bld	Fid Spartan Ext Mkt Index Inv	___%	FSEMXX	Vngrd Target Retire 2045 Inv	___%	VTIVX
SC Bld	Vngrd Sm Cap Index Inv	___%	NAESX	Vngrd Target Retire 2050 Inv	___%	VFIFX
F LC Bld	Fid Spartan Intl Index Inv	___%	FSIIX	Vngrd Target Retire 2055 Inv	___%	VFFVX
Emg Mkts	Northern Emg Mkts Eq Index	___%	NOEMX	Vngrd Target Retire 2060 Inv	___%	VTTX
Risk Based Allocation Funds						
				Man&Napier Pro-Bld Cnsrv Trm	___%	MNCIX
				Man&Napier Pro-Bld Mod Trm	___%	MNMIX
				Man&Napier Pro-Bld Extd Trm	___%	MNBIX
				Man&Napier Pro-Bld Max Trm	___%	MNHIX

Must Total 100% ___%

*This form is for initial enrollment only. Future changes should be completed online. Changes submitted on paper are subject to additional fees.

Section IV – Signature required

Review this form to make sure each section has been completed. Sign, date and return to your employer.

Participant Signature

Date

University of Illinois Employees Credit Union
401(k) Plan

Contribution Election

Participant: _____ SSN: _____

The 401(k) provisions in the plan enable you to defer part of your compensation for your retirement. You are always fully vested in compensation you defer and any investment earnings they generate. At retirement age, you will be eligible to receive the value of your 401(k) account maintained under this Plan. There are government restrictions on withdrawals from the plan prior to retirement age.

Employee Election for Compensation Deferral under the Plan

A. Salary reduction/deferral amount.

- I elect to defer part of my total taxable compensation each pay period. I authorize my employer to deduct _____% OR \$_____ each pay period. Consult your Payroll Department, limitations may apply.
- I elect NOT to defer part of my total taxable compensation at this time. I understand that I am still a participant in the Plan. Therefore, I must complete the rest of this packet.

B. Type of deferral

If you elected to defer part of your compensation in A above, you must elect the tax treatment of those deferrals by electing one of the three options below.

- Regular 401(k) deferrals (pre-tax).** I would like the deferral pursuant to this election to be treated as a Regular 401(k) deferral. I understand the amount of compensation deferred pursuant to this Contribution Election will reduce my taxable income year for the year of the deferral.
- Roth 401(k) deferrals (after-tax).** I would like the deferral pursuant to this election to be treated as a Roth 401(k) deferral. I understand the amount of compensation deferred pursuant to this Contribution Election will NOT reduce my taxable income year for the year of the deferral.
- Split deferral election.** I would like part of the deferral pursuant to this election to be treated as a Regular 401(k) deferral and part to be treated as a Roth 401(k) deferrals, as follows (*if you elect this Split deferral election, check only 1 of the 2 boxes below and fill in the information requested*):
 - _____% of my compensation as Regular 401(k) deferrals, AND _____% of my compensation as Roth 401(k) deferrals [in both blanks indicate at least 1% and specify a whole percentage number].

OR

- \$_____ as Regular 401(k) deferrals, AND \$_____ as Roth 401(k) deferrals, [in both blanks indicate at least \$1.00 and specify a whole dollar amount].

I understand that after the date of this authorization, my Employer will reduce my total compensation by the amount indicated above subject to the limitations of the plan, if any. The amount of compensation which is deferred will be contributed to the Plan on my behalf.

I understand: (1) my election regarding the amount and type of deferrals is irrevocable once the Employer withholds the deferrals from my compensation, and (2) any change of election regarding the type of deferrals is effective only for deferrals from my pay after the plan administrator accepts my change of election.

I understand I have a duty to review my pay records (pay stub, etc.) to confirm the Employer has properly implemented my deferral election. Furthermore, I have a duty to inform the Plan administrator if I discover any discrepancy between my pay records and this Contribution Election. I understand that my failure to report any discrepancy may result in a loss of or reduction in my ability to defer compensation.

I understand that I may revoke this agreement at any time with respect to compensation earned by me in the future. Any such revocation shall become effective at the beginning of the next following payroll period as determined by my Employer. The signature and delivery of this election to my employer revokes all prior compensation deferral elections under the Plan that I may have made.

Participant's Signature

Date

**University of Illinois Employees Credit Union
401(k) Plan**

Designation of Beneficiary

Participant: _____ SSN: _____ Date of Birth: _____

Section I – Designation of Beneficiary

Pursuant to the provisions of this plan, I, the undersigned, a participant in the above employee benefit plan, direct that any death benefits, to which my beneficiaries may be entitled, subject to the terms of the trust agreement, shall be paid to the person(s) named below. **Married Participant:** *the surviving spouse of a participant who is married on the date of death will be the Primary Beneficiary of the plan benefits regardless of how this form is completed, unless the spouse consents to waive this right in the manner required by the plan, and completion of Section II of this form.*

- My spouse named below shall be the sole direct beneficiary of the death benefit under the plan.
- My spouse waives the right to be the sole direct beneficiary of my pre-retirement death benefit. Therefore, I designate the following Primary Beneficiary(ies) in lieu of my spouse (revoking any prior designations by me). Section II below must be completed.
- I am not married and designate the following Primary Beneficiary(ies).

Primary Beneficiary Information

(1) Name: _____ Relationship: _____

Address: _____ City _____ ST _____ ZIP _____

SSN: _____ Date of Birth: _____ Percentage of Benefit: _____

(2) Name: _____ Relationship: _____

Address: _____ City _____ ST _____ ZIP _____

SSN: _____ Date of Birth: _____ Percentage of Benefit: _____

Contingent Beneficiary Information

(1) Name: _____ Relationship: _____

Address: _____ City _____ ST _____ ZIP _____

SSN: _____ Date of Birth: _____ Percentage of Benefit: _____

(2) Name: _____ Relationship: _____

Address: _____ City _____ ST _____ ZIP _____

SSN: _____ Date of Birth: _____ Percentage of Benefit: _____

Execution:

Participant's Signature

Date

Witness's Signature

Date

Section II - Spouse's Consent of Waiver of Right to be Sole Direct Beneficiary

This Section must be completed only if the Participant's spouse is waiving the right to be the sole direct beneficiary.

- I hereby consent to the designation(s) made by my spouse to have the pre-retirement death benefit paid to the above named beneficiary(ies). The Pre-retirement death benefit has been explained to me and I hereby acknowledge that I understand (1) that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me; (2) that each beneficiary designation is not valid unless consent to it; and (3) that my consent is irrevocable unless my spouse revokes or changes the beneficiary designation.

Signature of Participant's Spouse

Date

Notary Public

Date

My Commission expires: _____