

401K(a) Investment Provider Election Form

Check here if you have ever had an account with Fidelity Investments.

EMPLOYEE INFORMATION			
Employee Name:		Banner ID#:	
Address:	City:	State:	Zip Code:
Birth Date:		Social Security Number:	

FUTURE DISTRIBUTION OF COLLEGE CONTRIBUTIONS	
I hereby instruct Salt Lake Community College to direct all my future 401(a) Defined Contribution Retirement Plan contributions to an account in my name with the following Investment Providers(s):	
Investment Provider	Percent
Fidelity Investments:	
TIAA-CREF:	
TOTAL	

The numbers above must be in 10% increments and must total 100%. If you wish to invest all funds with one Provider, write 100%.

CERTIFICATION
<p>I hereby understand and certify as follows:</p> <ul style="list-style-type: none"> • I authorize Salt Lake Community College to send my retirement contributions as set forth on this form. • I understand that unless I contact the Investment Provider and request different investment choices, the funds will be invested in a target retirement date life cycle fund based on my current age and anticipated retirement at age 65. I understand that I may change my investment options by contacting the Investment Provider. • I understand that this change only affects money that will be contributed by the College after this form is processed in the Benefits Department. If I wish to transfer funds in my account from one provider to another, I must contact the new provider to initiate the transfer process. • I understand that if I am no longer eligible for benefits, or if I terminate my employment with the College, I will no longer be eligible for contributions, but that my account will be maintained by my selected provider(s) and I may continue to make investment choices. • I understand that I may not access funds contributed by the College until I retire from the College or end my employment with the College. • I understand that amounts I withdraw will be subject to taxes and may be subject to penalties depending on my age at the time of withdrawal. • I understand and acknowledge the Benefits Department cannot give me tax or investment advice regarding my retirement account(s). I can obtain information and advice through my Investment Provider. • I understand that if I do not choose an Investment Provider, employer contributions will be invested with TIAA-CREF as a default provider.

Employee Signature:	Date:
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Salt Lake Community College
 4600 South Redwood Road – Taylorsville, UT 84123 Phone: (801) 957-4722 Fax: (801) 957-4721

Received:	Effective/Hire Date:	Entered in Banner:	Plan Sponsor Web Station:
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