

Paycheck Contribution Election 403(b) Plan

Use black or blue ink when completing this form. For questions regarding this form, contact Service Provider at 1-800-701-8255.

95804-01 The Alliance Retirement Plan

A Participant Information			
Social Security Number	Account Extension		Account extension identifies funds transferred to a beneficiary due to death, alternate payee due to divorce or a participant with multiple accounts.
Last Name	First Name	M.I.	Date of Birth (/ /)
Street Address			Personal Phone Number ()
City	State	Zip Code	Work Phone Number
Email Address			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried

B Payroll Election(s)			
Paycheck Contribution Election			
Select One: <input type="checkbox"/> Start Payroll Deductions <input type="checkbox"/> Restart Payroll Deductions <input type="checkbox"/> Change Payroll Deductions <input type="checkbox"/> Stop Payroll Deductions <input type="checkbox"/> Decline Payroll Deductions			
Until such time as I revoke or amend my election, I elect to contribute to the Plan the following amount(s) or percentage(s) of my eligible compensation indicated below (<i>per pay period</i>):			
<input type="checkbox"/> Before-Tax Contributions	\$ _____	or _____	% (\$1.00 - \$17,000.00 or 1% - 100%)
<input type="checkbox"/> Roth Contributions	\$ _____	or _____	% (\$1.00 - \$17,000.00 or 1% - 100%)
<input type="checkbox"/> After-Tax Contributions	\$ _____	or _____	% (1% - 100%)
Date of Hire (<i>mm/dd/yyyy</i>) _____ / _____ / _____			
Payroll Effective Date (<i>mm/dd/yyyy</i>) _____ / _____ / _____			
I understand the total annual before-tax and Roth contributions cannot exceed \$17,000.00 of my eligible compensation in the 2012 tax year.			

Catch-Up Election			
<i>(I may elect Age 50 Catch-Up and Regular Catch-Up if I qualify for both.)</i>			
Age 50 Catch-Up:			
Until such time as I revoke or amend my election, I elect to contribute to the Plan additional Age 50 Catch-Up amount(s) or percentage(s) of my eligible compensation indicated below (<i>per pay period</i>):			
<input type="checkbox"/> Before-Tax Contributions	\$ _____	or _____	%
<input type="checkbox"/> Roth Contributions	\$ _____	or _____	%
Payroll Effective Date (<i>mm/dd/yyyy</i>) _____ / _____ / _____			
I understand the total before-tax and Roth Age 50 Catch-Up amount cannot exceed \$5,500.00 of my eligible compensation in the 2012 tax year. I understand that I must be age 50 or older during this calendar year and I must be currently deferring the maximum amount allowable under the Internal Revenue Code and applicable regulations and/or my Plan. If I stop my deferrals and/or do not defer the maximum amount during this calendar year, the Age 50 Catch-Up amount I have elected to contribute will not be considered a Catch-Up deferral. I understand that the Catch-Up contributions will be allocated in the same manner as my regular contributions.			
<input type="checkbox"/> I elect to cancel my Catch-Up contribution election.			

Last Name First Name M.I. Social Security Number Number

Regular Catch-Up:

I understand that to be eligible for 403(b) Regular Catch-Up I must have completed at least 15 years of service with my current employer. My current employer is an educational organization, hospital, home health service agency, health and welfare service agency, church, or convention or association of churches. I understand that the calculation tools are provided for my convenience and I should consult with my tax advisor about my tax situation.

<p>Column A</p> <p>\$3,000.00</p>	<p>Column B</p> <p>\$15,000.00</p> <p>All prior regular Catch-Up amounts (-) \$ _____ <i>(subtract)</i></p> <p>Total (=) \$ _____</p>	<p>Column C</p> <p>\$5,000.00</p> <p>Number of years of service with your current employer (x) \$ _____ <i>(multiply)</i></p> <p>All prior years elective deferrals to 403(b), 401(k) and SEP plans (-) \$ _____ <i>(subtract)</i></p> <p>Total (=) \$ _____</p>
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My regular Catch-Up amount is the **lesser** of the amounts indicated in Column A, Column B or Column C.

Until such time as I revoke or amend my election, I elect to contribute to the Plan additional Regular Catch-Up amount(s) of my eligible compensation as indicated below *(per pay period)*:

Before-Tax Contributions \$ _____

Roth Contributions \$ _____

Payroll Effective Date *(mm/dd/yyyy)* _____ / _____ / _____

I understand the total before-tax and Roth Regular Catch-Up amounts cannot exceed the calculated amount. If I stop deferrals and/or do not defer the maximum amount during this calendar year, the Age 50 and/or Regular Catch-Up amounts elected to contribute will not be considered Catch-Up deferrals. If I am eligible for both Age 50 and Regular Catch-Up, the amounts contributed above the maximum will first be treated as amounts of Regular Catch-Up and then Age 50 Catch-Up.

I elect to cancel my Catch-Up contribution election.

C Signatures and Consent

Participant Consent

My signature acknowledges that I have read, understand and agree to all pages of the Paycheck Contribution Election and affirms that all information that I have provided is true and correct. I also understand that:

- Until cancelled, superseded or I cease to be an eligible employee, this election shall apply to all eligible compensation allowed by the Plan paid from the effective date specified unless a different effective date is required under the terms of the Plan and cancels all previous elections.
- I may change the dollar amount or percentage of compensation contributed as allowed under the terms of the Plan.
- It is my responsibility to comply with any Internal Revenue Code deferral limits and that I may be responsible for any costs, including taxes and penalties that I may incur as a result of excess contributions.
- My Plan Administrator may take any action that may be necessary to ensure that my participation is in compliance with any applicable requirement of the Plan Document and the Internal Revenue Code.
- I authorize the payroll deduction as indicated on this form.

Any person who presents false or fraudulent information is subject to criminal and civil penalties.

Participant Signature _____ Date *(Required)* _____

Authorized Plan Administrator Signature

I authorize the election indicated by the participant above.

Authorized Plan Administrator Signature _____ Date *(Required)* _____

D Mailing Instructions

Participant forward to Alliance
Alliance please retain this document for your records. Payroll elections are not maintained by Service Provider.

Alliance
 PO Box 35690
 Colorado Springs, CO 80935-3569

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