IPPFA BENEFITS
Illinois Public Pension Fund Association

Section A: Employer Information **Enrollment Application**

Company/Employer Name	**The Wise Choice for Public Employees**				☐ New Enrollment ☐ Contribution Change
Contract/Account No.	**PE61743**	Affiliate No.	**00001**	Division No.	DGSD

Section B: Participant Information

Social Security No.		Date of Birth (MM-DD-YYYY)	
First Name/Middle Initial		Last Name	
Mailing Address		State	
		Zip code	
City		E-mail	
Phone No./Ext.		Date of Hire (MM-DD-YYYY)	

Marital Status ☐ Married ☐ Single/Divorced Gender ☐ Male ☐ Female

Section C: Contributions (By law, any election will not be effective until the following month, except if completed on the first day of employment or earlier.)

☐ 457(b) – I elect to reduce my eligible compensation by_________% or $__________each pay period as a Pre-tax salary deferral contribution. (Deferral may be up to the maximum allowed by law.)

☐ Roth 457 – I elect to reduce my eligible compensation by _______% or $__________ each pay period as a Roth deferral contribution. (Deferral may be up to the maximum allowed by law.)

☐ I elect not to make contributions to this plan.

☐ Contact me to help me consolidate another retirement plan (401K, 403B, IRA, etc) into my new Transamerica account.

☐ Please terminate any and all contributions to all other vendors

Section D: Investment Allocation

1) **One-Step Diversification** - Automatic allocation and reblancing service using all the core funds in your plan.

PortfolioXpress®

☐ Please enroll me in this service. By checking this box **I agree to allocate 100% of my contributions** based on my target retirement year and risk preference:

My target retirement year: 20_______

☐ **I agree** to each of the asset allocation mixes and automated rebalancing transactions that will occur within my account as I approach retirement. I understand that I may turn the service off at any time, or change my designated retirement year and/or risk preference, by signing in to my account at my.trsretire.com or calling Transamerica at 800-755-5801. All future rebalancing transactions are shown on the attached PortfolioXpress Profile, which includes an investment glidepath.

STOP HERE! Do not complete the section below if you have enrolled in PortfolioXpress, which requires a 100% allocation of new contributions to your account. Please go directly to Section E.

2) Create or Choose Your Own Portfolio- Please allocate contributions to the following investment options in the percentages noted below (total must equal 100%):

Choose a Portfolio

Strategy Moderate Growth Fund	____ %
Strategy Growth Fund	____ %
Target Retirement 2060	____ %
Strategy Income Fund	____ %
Strategy Conservative Growth Fund	____ %

Create a Portfolio

Money Market Fund	____ %
Stable Fund	____ %
High Quality Bond Fund	____ %
Core Bond Fund	____ %
Inflation-Protected Securities Fund	____ %
High-Yield Bond Fund	____ %
Large Value	____ %
Large Core/Large Blend	____ %
Stock Index Fund	____ %
Large Growth	____ %
Mid Cap Value	____ %
Mid Cap Growth	____ %
Small Value	____ %
Small Cap Core	____ %
Small Cap Growth	____ %
Real Estate Fund	____ %
International Stock Index	____ %

Section E: Signatures

If I elected the PortfolioXpress service in Section C (Investment Allocation), I hereby acknowledge that I have received and reviewed the attached PortfolioXpress Disclosure Statement and the PortfolioXpress Profile (which includes the Investment Glidepath for PortfolioXpress). I further understand that I may change the amount of my salary reduction, or terminate this agreement, by giving notice in accordance with the terms of my employer's plan.

Balances in a Schwab Personal Choice Retirement Account are not available for investment in the PortfolioXpress service. Should you choose to maintain these assets in PCRA, you will be restricted from making any additional transfers into PCRA. The assets in your PCRA account will remain, and will not be included in the investment strategy provided through this service. If you choose to liquidate your PCRA account, please contact a Transamerica representative.

I understand that any catch-up contributions elected above are not determined to be catch-up contributions until my regular pre-tax salary deferral contributions exceed an applicable limit under the plan, and that the amount of my salary reduction above may not exceed the limits of contributions set forth in my employer's plan.

Transamerica Investors Securities Corporation (TISC), 440 Mamaroneck Avenue, Harrison, NY 10528, distributes securities products. Any registered fund offered under the plan is distributed by that particular fund's associated fund family and its affiliated broker-dealer or other broker-dealers with effective selling agreements such as TISC.

I acknowledge that investment option information, including prospectuses, disclosure documents, and/or fund profile sheets, as applicable have been made available to me and I understand the risks of investing.

The Transamerica funds are distributed by Transamerica Capital, Inc. (TCI) and are advised by Transamerica Asset Management (TAM). Transamerica, TISC, TAM, and TCI are affiliated companies.I understand that the fixed interest option(s) are available under group annuity contract(s) issued by Transamerica Financial Life Insurance Company ("TFLIC") and that the mutual fund options are subject to a Custodial Agreement with State Street Bank and Trust Company ("SSBT"). I understand that the group annuity contracts are legally separate arrangements from the Custodial Agreement. SSBT has no control over or responsibility for the group annuity contracts. I understand that an annual administrative fee, a withdrawal charge, and transfer restrictions may apply.The Stable Pooled Fund is offerred by Transamerica and also the Standard.

I agree to the terms of the plan. I am aware that amounts deferred under this type of plan are included in my employer's general assets. I understand that I may change the amount of my salary reduction, or terminate this agreement, by giving notice according to the terms of the plan. I understand that upon termination of my employment, my account will be distributed according to my election and according to the terms of the plan.

X ____________________________ __________

Participant Signature | Date

X ____________________________ __________

Plan Administrator | Date