



**Employer**

Complete this section and retain this form for your records.

**Employer authorization**

Name of employer, organization or company \_\_\_\_\_

Community Action Partnership of Mid-Nebraska 403(b) BRK137367

Name of plan \_\_\_\_\_ Plan ID number

The employee named in Section 1 below is eligible to participate in the plan as of \_\_\_\_\_  
(mm/dd/yyyy)

Name of person authorized to sign for the employer (print) \_\_\_\_\_ Title \_\_\_\_\_

**X** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Authorized signature (mm/dd/yyyy)

**Employee**

Complete Sections 1–4, then return this form to your employer.

**1 Employee information**

*Please type or print clearly.*

Select one of the following:  New plan enrollment  Changes to existing account

\_\_\_\_\_  
Full name (include middle initial) SSN --

Residence address (physical address required — **no P.O. boxes**) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Mailing address (if different from residence address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

-- -- \_\_\_\_\_  
Date of birth (mm/dd/yyyy) Date of hire (mm/dd/yyyy) Country of citizenship

Marital status:  Married  Single

**2 Employee contributions**

*Before completing this section, check with your plan to determine the available contribution options.*

I authorize my employer to withhold from my wages each pay period:

Before-tax contributions of \_\_\_\_\_% OR \$ \_\_\_\_\_

Catch-up contributions of \_\_\_\_\_% OR \$ \_\_\_\_\_

I **DO NOT** wish to make contributions to the plan at this time.



### 3 Investment Selection

Before completing this section, check with your plan to determine the *available* investment options.

Invest my contributions as follows (Only **whole** percentages will be accepted; must total 100%.):

Investment name	Percentage
1. American Funds AMCAP	_____ %
2. American Funds EuroPacific Growth	_____ %
3. American Funds Growth Fund of America	_____ %
4. American Funds New Economy Fund	_____ %
5. American Funds New Perspective Fund	_____ %
6. American Funds New World Fund	_____ %
7. American Funds SMALLCAP World Fund	_____ %
8. American Funds American Mutual Fund	_____ %
9. American Funds Cap World Growth & Income	_____ %
10. American Funds Dev World Growth & Income	_____ %
11. American Funds Fundamental Investors	_____ %
12. American Funds Intl Growth and Income	_____ %
13. American Funds Investment Co of America	_____ %
14. American Funds Washington Mut Inv Fund	_____ %
15. American Funds Capital Income Builder	_____ %
16. American Funds Income Fund of America	_____ %
17. American Funds American Balanced	_____ %
18. American Funds Amer High Income Trust	_____ %

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**3** Investment selection  
*(continued)*

Investment name	Percentage
19. American Funds Bond Fund of America	_____ %
20. American Funds Capital World Bond Fund	_____ %
21. American Funds Intern Bd Fd of America	_____ %
22. American Funds U.S. Government Money Market Fund	_____ %
23. American Funds Target Date 2060	_____ %
24. American Funds Target Date 2055	_____ %
25. American Funds Target Date 2050	_____ %
26. American Funds Target Date 2045	_____ %
27. American Funds Target Date 2040	_____ %
28. American Funds Target Date 2035	_____ %
29. American Funds Target Date 2030	_____ %
30. American Funds Target Date 2025	_____ %
31. American Funds Target Date 2020	_____ %
32. American Funds Target Date 2015	_____ %

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**3** Investment selection  
*(continued)*

Investment name	Percentage
33. American Funds Target Date 2010	_____ %
<b>Total</b> <u>      </u> %	

Any contributions to participant accounts (payroll deferrals and rollovers) made before your employer updates your investment selections will be invested in the plan's default investment. Assets will remain in the default investment until you use the participant website to exchange assets into the investments of your choice.

**4** Employee signature

By signing below, I acknowledge that I have authorized my employer to allocate my investments as specified in Section 3. I acknowledge that I have completed a beneficiary designation form.

**X** \_\_\_\_\_ / /  
 Signature of employee Date (mm/dd/yyyy)

## Beneficiary Designation

Read the following information carefully before completing. Return the completed and signed form to your employer.

The designation of a beneficiary can have important tax consequences. You are encouraged to consult your tax advisor before completing this form. You should periodically review and update your beneficiary designations as appropriate.

If you are not married at the time you designate your beneficiaries and subsequently marry, 100% of your account balance will be paid at the time of your death to the surviving spouse unless your spouse signs Section 3 of this form.

### 1 Information about you

Please type or print clearly.

Name of participant \_\_\_\_\_

Name of employer \_\_\_\_\_

-   -       
SSN of participant

-   -       
Date of birth of participant (mm/dd/yyyy)

Marital status:

Married  Single

### 2 Beneficiary designation

If the percentages do not add up to 100%, each beneficiary's share will be based proportionately on the stated percentages. When percentages are not indicated, the beneficiaries' shares will be divided equally. If you wish to customize your designation or need more space, attach a separate page.

#### Primary Beneficiary(ies):

I revoke all previous designations and direct that any proceeds be distributed upon my death to the designated beneficiary(ies) below. In the event that no Primary or Contingent Beneficiaries survive me, distribute any proceeds according to the terms of the plan document.

1.	Full name (include middle initial) (print)	Relationship	_____%
	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	SSN	Date of birth (mm/dd/yyyy)	
2.	Full name (include middle initial) (print)	Relationship	_____%
	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	SSN	Date of birth (mm/dd/yyyy)	
3.	Full name (include middle initial) (print)	Relationship	_____%
	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	SSN	Date of birth (mm/dd/yyyy)	
		Total	<u>100</u> %

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**2 Beneficiary designation**  
*(continued)*

**Contingent Beneficiary:** If no Primary Beneficiary survives me, pay my benefits to the following Contingent Beneficiary(ies). If any designated Contingent Beneficiary(ies) dies before I do, that beneficiary's share will be paid according to the terms of the plan document.

1.	Full name (include middle initial) (print)	Relationship	_____%
	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	SSN	Date of birth (mm/dd/yyyy)	
2.	Full name (include middle initial) (print)	Relationship	_____%
	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	SSN	Date of birth (mm/dd/yyyy)	
3.	Full name (include middle initial) (print)	Relationship	_____%
	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	SSN	Date of birth (mm/dd/yyyy)	
<b>Total</b>			<b><u>100</u>%</b>

Signature:

**X** \_\_\_\_\_ / /  
 Signature of participant Date (mm/dd/yyyy)

**3 Spousal consent**

*The signature of the spouse must be witnessed by either a plan representative or a notary public.*

I am the spouse of the participant named in Section 1. I irrevocably consent to the designation made by my spouse to have any death benefits paid to the named beneficiary(ies) specified in Section 2. I understand that the effect of such designation is to cause my spouse's death benefit to be paid to a beneficiary other than me, that such beneficiary designation is not valid unless I consent to it and that my consent is irrevocable unless my spouse revokes the beneficiary designation.

Full name of spouse of participant (include middle initial) (print)

**X** \_\_\_\_\_ / /  
 Signature of spouse of participant Date (mm/dd/yyyy)

Either a plan representative appointed by the employer or a notary public must witness the signature of the spouse.

\_\_\_\_\_  
 Name of plan representative (print) **X** \_\_\_\_\_  
 Signature of plan representative

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ Year

in the County of \_\_\_\_\_, State of \_\_\_\_\_

**X** \_\_\_\_\_ / /  
 Signature of notary public Date commission expires (mm/dd/yyyy)