

## 1 EMPLOYEE INFORMATION

|           |               |    |       |  |
|-----------|---------------|----|-------|--|
| LAST NAME | FIRST NAME    | MI | SS#   | DOB  |
| ADDRESS   |               |    | CITY  | STATE  |
| EMAIL     |               |    | PHONE |  |
| EMPLOYER  | WORK LOCATION |    |       | MARITAL STATUS<br><input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE |

## 2 CONTRIBUTIONS

**Amount Per Pay Period – Full-Time Employee Only (\$ -OR- %).** Amount Per Pay Period – Part-Time Employees (% Only) \_\_\_\_\_  
 (NOTE: The minimum annual contribution is \$500.)

Payroll Code (If applicable): \_\_\_\_\_ || # of Pay Periods per Year \_\_\_\_\_ || Annual Automatic Increase by % \_\_\_\_\_ (not to exceed \_\_\_\_\_ %)

➔ Indicate above the per pay period amount or percentage you wish to contribute to your 401(k) Plan. Also indicate, using a percentage, if you would like to automatically increase your contribution on a yearly basis, not to exceed a certain percentage.

## 3 BENEFICIARIES

If you have more than one primary beneficiary, your account balance will be divided as you specified. In the event a primary beneficiary does not survive you, your account balance will be divided among your contingent beneficiaries as specified. Your percent of assets must be in whole numbers and equal to 100%.

### PRIMARY BENEFICIARIES\*

|              |              |
|--------------|--------------|
| NAME         |              |
| HOME ADDRESS |              |
| CITY         | ZIP          |
| STATE        | DOB          |
| SS#          | RELATIONSHIP |
| PHONE        | % OF ASSETS  |
| EMAIL        |              |

  

|              |              |
|--------------|--------------|
| NAME         |              |
| HOME ADDRESS |              |
| CITY         | ZIP          |
| STATE        | DOB          |
| SS#          | RELATIONSHIP |
| PHONE        | % OF ASSETS  |
| EMAIL        |              |

### CONTINGENT BENEFICIARIES

|              |              |
|--------------|--------------|
| NAME         |              |
| HOME ADDRESS |              |
| CITY         | ZIP          |
| STATE        | DOB          |
| SS#          | RELATIONSHIP |
| PHONE        | % OF ASSETS  |
| EMAIL        |              |

  

|              |              |
|--------------|--------------|
| NAME         |              |
| HOME ADDRESS |              |
| CITY         | ZIP          |
| STATE        | DOB          |
| SS#          | RELATIONSHIP |
| PHONE        | % OF ASSETS  |
| EMAIL        |              |

➔ If you are married and wish to designate a primary beneficiary other than your spouse, please complete a Spousal Consent Form, even if you wish to divide the primary beneficiary between your spouse and another person. This form requires notarization and can be obtained from Vista 401(k) Customer Service at (866) 325-1278. Federal Rules require this procedure. In addition, if you wish to add more beneficiaries, please attach a separate list.

## FEE DISCLOSURE

| Mutual Fund Company & Name               | Ticker Symbol | Fund Exp Ratio | Wrap Fee | Total Expense |
|--|---------------|----------------|----------|---------------|
| American Century Inflation-Adjusted Bond | AIADX         | 0.26%          | 0.575%   | 0.835%        |
| American Funds Target Date Fund 2010     | RFTTX         | 0.29%          | 0.575%   | 0.865%        |
| American Funds Target Date Fund 2015     | RFJTX         | 0.30%          | 0.575%   | 0.875%        |
| American Funds Target Date Fund 2020     | RRCTX         | 0.31%          | 0.575%   | 0.885%        |
| American Funds Target Date Fund 2025     | RFDTX         | 0.32%          | 0.575%   | 0.895%        |
| American Funds Target Date Fund 2030     | RFETX         | 0.33%          | 0.575%   | 0.905%        |
| American Funds Target Date Fund 2035     | RFFTXX        | 0.35%          | 0.575%   | 0.925%        |
| American Funds Target Date Fund 2040     | RFGTXX        | 0.37%          | 0.575%   | 0.945%        |
| American Funds Target Date Fund 2045     | RFHTXX        | 0.37%          | 0.575%   | 0.945%        |
| American Funds Target Date Fund 2050     | RFITXX        | 0.38%          | 0.575%   | 0.965%        |
| American Funds Target Date Fund 2055     | RFKTX         | 0.38%          | 0.575%   | 0.955%        |
| American Funds Target Date Fund 2060     | RFUTXX        | 0.39%          | 0.575%   | 0.955%        |
| American Funds Target Date Fund 2065     | RFVTX         | 0.39%          | 0.575%   | 0.955%        |
| American Funds Target Date Fund 2070     | RFBTX         | 0.39%          | 0.575%   | 0.965%        |
| American Funds EuroPacific Growth        | RERGX         | 0.47%          | 0.575%   | 1.045%        |
| Fidelity International Index             | FSPSX         | 0.035%         | 0.575%   | 0.610%        |
| JPMorgan Equity Income Fund              | OIEJX         | 0.45%          | 0.575%   | 1.025%        |
| JPMorgan Large Cap Growth                | JLGMX         | 0.44%          | 0.575%   | 1.015%        |
| Lord Abbett Total Return                 | LTRHX         | 0.35%          | 0.575%   | 0.925%        |
| Standard Insurance Guaranteed FI VI      | 853527604     | 0.10%          | 0.575%   | 0.675%        |
| Vanguard Balanced Index                  | VBAIX         | 0.06%          | 0.575%   | 0.635%        |
| Vanguard Institutional Index             | VINIX         | 0.035%         | 0.575%   | 0.610%        |
| Vanguard Mid Cap Index                   | VMCIX         | 0.04%          | 0.575%   | 0.615%        |
| Vanguard Small Cap Index                 | VSCIX         | 0.04%          | 0.575%   | 0.615%        |

There are no sales (front-end load), transfer or surrender charges for any of the Vista 401(k) funds. If the fund normally charges such a fee to the public, they have been waived to Vista 401(k) participants.

- Each mutual fund assesses a fee, which is a percentage of the total assets that they have under management. This fee, known as Annual Fund Operating Expense is comprised of Management fees, Distribution and/or Service (12b-1) fees and Other expenses. The fees shown in this column are expressed on an annual basis, i.e., .85% of 1% of assets. Please note that these are the maximum charges that are allowed, as listed in the prospectus. Some funds have reported to Vista 401(k) that their current charges are less than those listed in the prospectus.
- The “Wrap Fee” is a 0.575% fee and is expressed as a percentage of assets in the same manner as the “Annual Fund Operating Expense”. This fee is used to pay for:
  - Vista 401(k) for administration, customer service, education and enrollment.
  - Newport for record keeping which includes daily valuation of funds and maintaining participant accounts.
  - Newport Trust Company for acting as Trustee; holding and disbursing

funds to purchase Mutual funds as well as making distributions participants.

There is an administrative charge of \$12.00 per participant per year for generating quarterly participant statements. This fee is not applied to participants who are actively contributing to the plan.

Carefully consider the investment objectives, risks, charges and expenses of the underlying fund before you invest. This and other important information is contained in the prospectus, which should be read carefully before investing. You can request underlying fund prospectuses from the Vista 401(k) website at [www.Vista401k.com](http://www.Vista401k.com) - OR - call us at (866) 325-1278.

Please note that investing generally involves various kinds of risk – market, inflation, interest rate, volatility etc. Your principal is not guaranteed, and there is no guarantee that investment objectives will be achieved.

## 4 INVESTMENT ELECTIONS

To determine how future contributions will be allocated in your plan by using the chart below and following these instructions:

1. Determine the percentage on the line next to the investment options of your choice which represents the percentage of your contributions you would like in this investment option.
2. Review your percentages to ensure they total 100%. If the percentages do not total 100%, your request will not be accepted.

### YOUR INVESTMENT OPTIONS

|  |         |
|--|---------|
| American Century Inflation-Adjusted Bond | _____ % |
| American Funds Target Date Fund 2020     | _____ % |
| American Funds Target Date Fund 2025     | _____ % |
| American Funds Target Date Fund 2030     | _____ % |
| American Funds Target Date Fund 2035     | _____ % |
| American Funds Target Date Fund 2040     | _____ % |
| American Funds Target Date Fund 2045     | _____ % |
| American Funds Target Date Fund 2050     | _____ % |
| American Funds Target Date Fund 2055     | _____ % |
| American Funds Target Date Fund 2060     | _____ % |
| American Funds Target Date Fund 2065     | _____ % |
| American Funds Target Date Fund 2070     | _____ % |

|   |         |
|---|---------|
| American Funds EuroPacific Growth               | _____ % |
| Fidelity International Index                    | _____ % |
| JP Morgan Equity Income Fund                    | _____ % |
| JP Morgan Large Cap Growth                      | _____ % |
| Lord Abbett Total Return                        | _____ % |
| Standard Insurance Guaranteed FI VI             | _____ % |
| Vanguard Balanced Index                         | _____ % |
| Vanguard Institutional Index Fund               | _____ % |
| Vanguard Mid-Cap Index Fund                     | _____ % |
| Vanguard Small-Cap Index Fund                   | _____ % |
| <b>TOTAL (MUST equal 100% in whole numbers)</b> | _____ % |

➔ For more information about any of the funds listed above, please refer to the **Fund Prospectus** at [Vista401k.com/401k-funds/](http://Vista401k.com/401k-funds/)

## 5 EMPLOYEE AUTHORIZATION

This agreement shall be legally binding and irrevocable as to both of the parties hereto while employment continues; provided, however that either party may change or terminate this agreement by giving notice in writing and in accordance with Board procedures, rules and prescribed methods concerning said changes or terminations.

That except as herein set forth, the contract of employment of the Employee is not otherwise amended and shall remain in full force and effect. It is agreed and understood that the School Board and Vista 401(k) undertake no obligation by making available a salary reduction agreement through payroll deduction to make contributions to any Section 401(k) Tax Sheltered Investment Plan. You have selected your own investments from the **Funds listed above (Section 4)** and the School Board or Vista 401(k) has no responsibility for investment results.

I understand and agree that my employer, union and Vista 401(k) will be held harmless from any liability resulting from either my participation in the Vista 401(k) Plan or my failure to accurately complete this enrollment form. I understand that my contributions are not subject to federal income tax until distribution from the Vista 401(k) Plan but the contributions are subject to Social Security taxes.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_