# The Woodstock Foundation, Inc. 403(b) Savings Plan

## **Enrollment Form Investment Choices**

Employee's	Name					
Home Addre	ess					
City	State		_ Zip			
Social Secur	ity Number					
Date of Birth	1 D	ate of Hire			Plan Entry Date	
	erral Agreement					
the Plan on a	ny pay will be reduced by the amoun a pre-tax basis. This agreement will c e that I have read this entire agreemen	continue to be effective	ve while I	am employed u	<b>c</b> 1	
Select	one of the following:					
	I elect to defer \$% (up to legal limit) of my compensation per pay period.					
I wish to change my deferral amount to \$ or% (up to legal limit) per pay period.						
	I decline to defer.					
	Catch-up contribution of \$ contributions. You must be at least	· · · ·	U	•	1	
Date e	effective:					

#### **Investment Selection**

You may choose to invest your future contributions in any of the funds listed below. Once enrolled, you must call 1-800-878-2416 or log on to <u>www.PensionEdge.com</u> to make your investment selections. If you do not use the Voice Response System or Pension Edge to make an election, all of your future contributions will be invested 100% in the T. Rowe Price Target Date Strategy most appropriate for your year of Normal Retirement Date.

Individual Funds	Share Class	Ticker	Investment Percentage
T. Rowe Price Target Date Strategies *	Shure Cluss	TRACI	rereentage
T. Rowe Price Retirement 2020	Adv	PARBX	%
T. Rowe Price Retirement 2030	Adv	PARCX	%
T. Rowe Price Retirement 2040	Adv	PARDX	%
T. Rowe Price Retirement 2050	Adv	PARFX	%
T. Rowe Price Retirement 2060	Adv	TRTGX	%
BlackRock Equity Dividend	А	MDDVX	%
American Fundamental Investors	R3	RFNCX	%
Fidelity Advisor New Insights	Т	FNITX	%
Fidelity Advisor Mid Cap II	Т	FITIX	%
Gabelli Small Cap Growth	AAA	GABSX	%
Royce Value Plus	Svc	RYVPX	%
Virtus Real Estate Securities	А	PHRAX	%
Oppenheimer Developing Markets	R	ODVNX	%
American Europacific Growth	R3	RERCX	%
American Capital World Growth & Income	R3	RWICX	%
Oppenheimer International Bond	R	OIBNX	%
PIMCO Total Return	А	PTTAX	%
TIAA- CREF Money Market	N/A	TIEXX	%

(MUST TOTAL 100%)

\* The T. Rowe Price Target Date Strategy based on your Normal Retirement Date Fund is the 100% default fund if no election is made.

I hereby certify that I have received prospectuses for the above investment funds and the disclosures contained therein.

Signatures

Signature of Employee

Date

Authorized Signature of Employer

Date

### **BENEFICIARY DESIGNATION FORM**

PLAN NAME: The Woodstock Foundation, Inc. 403(b) Savings Plan						
PARTICIPANT INFORMATION						
Name:		Date of Birth:				
Address:		Social Secu	rity Number			
City:	State:	Zip:	Phone:			
DESIGNATION OF BENEFICIARY (	IES)					
1. NAME:				-	Primary	
SOCIAL SECURITY NO.:	SOCIAL SECURITY NO.: DATE OF BIRTH:					
ADDRESS						
AMOUNT	or	% RELATIONSHIF	D:			
2. NAME:				C Primary	Contingent	
SOCIAL SECURITY NO.:		DATE OF BIRTH: _				
ADDRESS						
AMOUNT	or	% RELATIONSHIF	e:			
3. NAME:				Primary	Contingent	
SOCIAL SECURITY NO.:		DATE OF BIRTH: _				
ADDRESS						
AMOUNT	or	% RELATIONSHIF	:			

As a Participant in the above Plan, I hereby designate my primary and contingent Beneficiary(ies) as listed above. If I have designated a Beneficiary other than my Spouse, my Spouse has consented to the designation by signing the attached consent before a notary or Plan representative. If not married, please complete the attached "Certification of Marital Status". If no primary Beneficiary(ies) survives me, the contingent Beneficiary(ies) shall acquire the designated share of my Plan benefits. Please check Primary or Contingent as applicable for the Beneficiaries. If no designation of Primary or Contingent is made, any beneficiary named will be deemed to be a primary Beneficiary.

Any death benefit due my designated Beneficiary or Beneficiaries shall be payable in a single lump sum.

Participant Signature: \_\_\_\_\_\_ Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### SPOUSAL CONSENT TO BENEFICIARY DESIGNATION

I certify that I, \_\_\_\_\_\_ am the Spouse of the above-named Participant and hereby approve of and consent to the Beneficiary designation and/or payment option adopted by my Spouse as provided above. I understand that I am entitled to receive a Spouse's benefit under the Plan unless I consent to a different Beneficiary designation or form of payment. I also understand that the above designation has the effect of causing the death benefit under the Plan to be paid to another Beneficiary. I further understand that my Spouse may not change the Primary Beneficiary designation without first obtaining my written consent.

PARTICIPANT'S SPOUSE SIGNATURE	DATE
The signature of the Spouse must be witnessed by a notary public or authorized	Plan representative.
WITNESS:	
NOTARY PUBLIC	

SIGNATURE EXPIRY DATE:

OR

#### PLAN REPRESENTATIVE'S SIGNATURE

The Plan Representative may not witness his or her own form or the form of any relative.

#### **CERTIFICATION OF MARITAL STATUS AND WITNESS**

I understand that if I become married in the future, my Spouse will be my Primary Beneficiary unless I complete a new Designation of Beneficiary form and my Spouse consents to my designation.

- I hereby certify that I am not now married and that there are no Plan benefits payable to a former Spouse under a prior Qualified Domestic Relations Order.
- I hereby certify that I am not now married; however, there may be a reduction in my benefits as a result of a prior Qualified Domestic Relations Order.
- □ I am married but I am legally separated. My Spouse will be my primary Beneficiary unless my Spouse consents to the naming of another Beneficiary.

#### Participant's Signature \_\_\_\_\_

The signature of the Participant must be witnessed by a notary public or authorized Plan representative.

WITNESS	: NOTARY PUBLIC			
	Subscribed and sworn to before me on this	day of	20	
	SIGNATURE		EXPIRY DATE:	
		OR		
	PLAN REPRESENTATIVE'S SIGNATURE The Plan Representative may not witness his or her own form or the form of any relative.			