



Redington-Fairview General Hospital 403(b) Plan

Enrollment/Change Form

Plan ID - RF3

Instructions: Use this form to elect participation in your current employer's plan. You may elect to contribute up to the maximum amount allowed by your plan and/or current IRS limits.

If you are at least age 50 or will turn age 50 during the current calendar year, then you are also eligible to make Catch-up contributions up to the maximum amount allowed by your plan and/or current IRS limits.

Please visit www.epicrps.com for information on current IRS limits.

STEP 1. PARTICIPANT INFORMATION

Social Security Number: _____

Date of Birth: _____

First Name: _____

MI: _____

Last Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Daytime Phone: _____

Evening Phone: _____

This is: My initial enrollment in the plan A change of my prior election Cancellation

Your election to increase or decrease your salary deferral contribution to the plan will be effective as soon as administratively feasible following the first day of the upcoming payroll period.

Your election to cancel will stop your salary deferral contribution to the plan and will be effective as soon as administratively feasible.

STEP 2. SALARY DEFERRAL ELECTION

Pre-Tax 403(b) Contributions:

I hereby authorize my employer to deduct _____% from my paycheck each payroll period and to contribute this amount to the plan as pre-tax 403(b) contributions.

Catch-Up Contributions:

If my contributions for the year reach the maximum limit allowed by my plan and/or current IRS limits, I hereby authorize my employer to continue to deduct amounts from my paycheck, per my elections above, as Catch-up contributions. I certify that I am at least age 50, or will turn age 50, during the current calendar year.

I elect **NOT** to make contributions to the plan (i.e., a 0% election) at this time.

You must establish your investment elections for your contributions by accessing www.epicrps.com or by calling EPIC RPS at (800) 716-3742. If you do not establish your investment elections, all contributions made to the plan on your behalf will be invested in the plan's default fund until you make a different investment election.

STEP 3. AUTHORIZATION AND SIGNATURE

- I certify under penalties of perjury that my Social Security Number on this form is correct.
- I hereby authorize my employer to deduct from my paycheck as indicated in Step 2 above. I further authorize my employer to invest any contributions made to the plan on my behalf in the plan's default investment fund until I make investment elections.

Your Signature

Date

Please sign and return this form to your Authorized Plan Representative as soon as possible.