

# Enrollment Application

Employer/Plan Name: Catholic Diocese of El Paso 403(b) Plan

## PARTICIPANT INFORMATION

Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Hire \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status:    Single            Married            Divorced  
                                       

## ENROLLMENT ELECTION

- I elect NOT to contribute in the Retirement Plan at this time.
- I elect to contribute to my Retirement Plan and authorize a deduction from my paycheck in the amount of \_\_\_\_\_ % or \$ \_\_\_\_\_ per pay period.
- I elect to contribute to my Roth Retirement Plan and authorize a deduction from my paycheck in the amount of \_\_\_\_\_ % or \$ \_\_\_\_\_ per pay period.

## INVESTMENT OPTIONS

**IMPORTANT NOTE:** If you elect to make contributions to the Plan, or are transferring assets from another employer's plan, and do not specify your desired investment allocation below, your existing account balance and future contributions will automatically be invested in your Plan's default investment option.

Please invest my existing account balance and all future contributions (including salary reduction, rollover, and employer contributions made on my behalf) as follows:  
(\*NOTE: Total must equal 100%)

**Pre-Defined Model Portfolios** (For current Portfolio mutual fund allocations, consult your Plan Administrator or your Plan's Investment Advisor).

_____ %	Aggressive Catholic Values	_____ %	Conservative Catholic Values	_____ %	IFC Retirement Income
_____ %	IFC Target Date 2045	_____ %	IFC Target Date 2020	_____ %	IFC Target Date 2025
_____ %	IFC Target Date 2030	_____ %	IFC Target Date 2035	_____ %	IFC Target Date 2040
_____ %	IFC Target Date 2050	_____ %	IFC Target Date 2055	_____ %	IFC Target Date 2060
_____ %	Moderate Catholic Values				

### Individual Investment Options

_____ %	DFESX	DFA Emerging Markets Social Core Equity	_____ %	DFGEX	DFA Global Real Estate
_____ %	DSCLX	DFA International Social Core Equity	_____ %	DFFGX	DFA Short-Term Government I
_____ %	DSFIX	DFA Social Fixed Income Portfolio Instt	_____ %	DFUEX	DFA US Social Core Equity 2
_____ %	VUSXX	Vanguard Treasury Money Market Fund			

## STATEMENTS

- I would like to receive my statements electronically ONLY.
- I would like to receive paper statements to my address listed above.

By not completing this section, you are opting for electronic statements only.

**AUTHORIZATION**

In accordance with the terms of the Plan, the Employer may amend or revoke this Agreement at any time if it is necessarily advisable to do so in order to comply with the law and regulations applicable to qualified profit sharing plans in general and qualified profit sharing plans which contain cash or deferred arrangements in particular. If, as a result of such amendment or revocation, Participant's compensation has been reduced for any pay period, but the amount thereof has not or will not be contributed to the Plan, such amount shall be paid to Participant by the Employer as current compensation.

Print Name \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_