

# BENCOR

INC.

## BENCOR National Government Employees Retirement Plan Enrollment Form IRC 457 OBRA Plan

### GENERAL INFORMATION

Employer: \_\_\_\_\_  
Worksite Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Participant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### BENEFICIARY DESIGNATION

Participant Primary Beneficiary: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
% Share: \_\_\_\_\_  
Participant Contingent Beneficiary: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
% Share: \_\_\_\_\_  
Participant Contingent Beneficiary: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
% Share: \_\_\_\_\_

Married Participant  
I understand that I must select my spouse as sole Primary Beneficiary under this Plan unless he/she consents in writing to my naming another Primary Beneficiary. (Please contact BENCOR Administrative Services for a Spousal Consent form if naming a Primary Beneficiary other than your spouse.)

Unmarried Participant  
I understand that the following designation becomes null and void in the event of my marriage. I will promptly inform BENCOR of any change in my marital status.

I understand that if I outlive my Primary Beneficiary, benefits will be paid to my estate on my death unless I designate a Contingent Beneficiary(ies). (If additional space is required, please attach a separate page providing all designation information and the percentage share for each.)

Signature \_\_\_\_\_

Date \_\_\_\_\_

### INVESTMENT ELECTION

Please ensure that the investment instructions provided below are accurate. We will be relying on your instructions to allocate your contributions. Please note that investment allocation percentages must total 100%.

All funds are deposited into the **Core Bond Fund** unless you select other investment options below. Except for the Guaranteed Pooled Fund\*, these variable accounts carry no guarantees and you assume all investment risk.

The investment allocation indicated below is for:  
 Current Investments  
 Future Investments  
 Both Current & Future Investments

Withdrawals due to Employer-initiated events may be subject to restrictions and/or adjustments.

#### Stable Value Fund

\_\_\_\_\_ % TFLIC Guaranteed Pooled Fund\*

#### Bond Funds

\_\_\_\_\_ % Transamerica Partners Core Bond Fund (default account)  
\_\_\_\_\_ % Transamerica Partners High Yield Bond Fund

#### Stock Funds

\_\_\_\_\_ % Transamerica Partners Large Value Fund  
\_\_\_\_\_ % Transamerica Partners Stock Index Fund  
\_\_\_\_\_ % Transamerica Partners Large Core  
\_\_\_\_\_ % Transamerica Partners Large Growth  
\_\_\_\_\_ % Transamerica Partners Mid Value  
\_\_\_\_\_ % Transamerica Partners Mid Growth  
\_\_\_\_\_ % Transamerica Partners Small Value  
\_\_\_\_\_ % Transamerica Partners Small Growth  
\_\_\_\_\_ % Transamerica Partners International Equity

#### Multi-Asset Funds

\_\_\_\_\_ % Transamerica Asset Allocation Fund - Short Horizon  
\_\_\_\_\_ % Transamerica Asset Allocation Fund - Inter Horizon  
\_\_\_\_\_ % Transamerica Asset Allocation Fund - Long Horizon

#### Non-Diversified Funds

\_\_\_\_\_ % Fidelity Contrafund  
\_\_\_\_\_ % T. Rowe Price Capital Appreciation Adv

100 % Total

Please return completed form to:

Bencor  
4333 Edgewood Road NE  
Mail Drop 0001  
Cedar Rapids, IA 52499

Or, you may fax your completed form to 866-833-8863.

For a prospectus on any of the options listed above or for customer service call 1-888-258-3422.