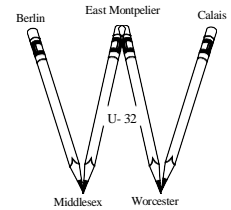


Washington Central Unified Union School District

WCUUSD exists to nurture and inspire in all students the passion, creativity and power to contribute to their local and global communities.

1130 Gallison Hill Road
Montpelier, VT 05602
Phone (802) 229-0553
Fax (802) 229-2761

Meagan Roy
Superintendent



Welcome to WCUUSD's 403(b) Retirement Plan.

We are pleased to inform you that your retirement plan account is available through Charles Schwab Trust Company (formerly TD Ameritrade Trust Company) and is administered by EPIC RPS.

The Participant Website is www.go-retire.com and the Participant Call Center number is 1-800-716-3742.

For more information, please feel free to contact our Plan Specialist:

John M. Consul Jr.
585-362-0351
JConsul@epicrps.com

Washington Central Unified Union School District 403(b) Plan

Enrollment Form

Plan ID: WCS

Section 1: Personal Information

Name: _____ SSN: _____-_____-_____

Address: _____ Date of Birth: ____/____/____

City _____ Date of Hire: ____/____/____

State: _____ Zip: _____ Rehire: Yes No

Phone Number: _____ Email: _____

Section 2: Deferral Elections

Choose Deferral Rate

- I wish to contribute the following percentage of my compensation to my Retirement Account
_____ % of my compensation per pay period as Traditional deferral (pre-tax).

Total deferrals cannot exceed 100% of your compensation or the annual IRS limit. Other limitations may apply.

- I decline to make contributions to the Plan at this time.

Please complete and sign reverse side if enrolling

Signature: _____ Date: _____

Section 3: Investment Elections (Use whole percentages that total 100%)

Risk Based Portfolios

MANNING & NAPIER PRO BLEND MOD	Allocation--30% to 50% Equity	EXBAX	_____	%
AMERICAN FDS AMERICAN BALANCED	Allocation--50% to 70% Equity	RLBGX	_____	%

Target Date Portfolios

VANGUARD TARGET RETIREMNT INC	Target-Date Retirement	VTINX	_____	%
VANGUARD TARGET RETIRE 2015	Target-Date 2015	VTXVX	_____	%
VANGUARD TARGET RETIRE 2020	Target-Date 2020	VTWNX	_____	%
VANGUARD TARGET RETIRE 2025	Target-Date 2025	VTTVX	_____	%
VANGUARD TARGET RETIRE 2030	Target-Date 2030	VTHRX	_____	%
VANGUARD TARGET RETIRE 2035	Target-Date 2035	VTTHX	_____	%
VANGUARD TARGET RETIRE 2040	Target-Date 2040	VFORX	_____	%
VANGUARD TARGET RETIRE 2045	Target-Date 2045	VTIVX	_____	%
VANGUARD TARGET RETIRE 2050	Target-Date 2050	VFIFX	_____	%
VANGUARD TARGET RETIRE 2055	Target-Date 2055	VFFVX	_____	%
VANGUARD TARGET RETIRE 2060	Target-Date 2060	VTTSX	_____	%

Build Your Own Portfolio / Individual Investment Options

STATE ST INSTL US GOVT MMKT	Money Market - Taxable	SALXX	_____	%
VANGUARD SHORT TERM INV GRADE	Short-Term Bond	VFSUX	_____	%
BAIRD AGGREGATE BOND	Intermediate Core Bond	BAGIX	_____	%
LOOMIS SAYLES BOND FUND	Multisector Bond	LSBDX	_____	%
AMERICAN CENTURY INFL ADJ BOND	Inflation-Protected Bond	AIANX	_____	%
MFS VALUE FUND	Large Value	MEIKX	_____	%
VANGUARD FIVE HUNDRED INDEX FD	Large Blend	VFIAX	_____	%
HARBOR CAPITAL APPRECIATION FD	Large Growth	HACAX	_____	%
VANGUARD MID CAP INDEX FUND	Mid-Cap Blend	VIMAX	_____	%
DFA US TARGETED VALUE	Small Value	DFVFX	_____	%
VANGUARD SMALL CAP INDEX FUND	Small Blend	VSMAX	_____	%
CARILLON EAGLE SM CAP GRWTH	Small Growth	HSIIX	_____	%
OAKMARK INT'L INVESTOR	Foreign Large Value	OAKIX	_____	%
VANGUARD FTSE ALL WRLD EX US	Foreign Large Blend	VFWAX	_____	%
DFA EMERGING MARKETS PORTFOLIO	Diversified Emerging Mkts	DFEMX	_____	%
PRINCIPAL GLOBAL REAL ESTATE S	Global Real Estate	POSIX	_____	%

TOTAL 100%

REBALANCING: If you've selected multiple investments above, you may consider setting up recurring rebalance. This can be done by selecting Rebalance under the Transaction heading, and following the prompts. If you need assistance, please contact the Participant Service Center.

Section 4: Authorization

I have been provided adequate information regarding this plan to make the elections above. I understand the contribution elections will remain in effect until I otherwise notify the Plan's Administrator and revise my contribution elections. I further understand the Investment Election made above will remain in effect until and unless I revise it using a medium approved by the Plan's Administrator.

Participant Signature _____ Date: _____

For more information about your plan's investments, go to <https://rec-files.epicrps.com/funds>.

Washington Central Unified Union School District 403(b) Plan

Plan Number: WCS

Beneficiary Designation

Section 1: Personal Information

Name	Home Address	SSN: _____ - _____ - _____
		Date of Birth: ____ / ____ / ____
		Date of Hire: ____ / ____ / ____

This is a(n)

Marital Status

- Initial Designation
 Change to a Prior Designation
 Married
 Not Married

Section 2: Primary Beneficiary Designation

If the beneficiary designated herein is not solely the spouse of the employee and the employee is married, the spousal consent section (Section 5) must be completed and signed by the spouse in the presence of a notary.

Primary Beneficiary #1	Name	Relationship <input type="checkbox"/> Spouse, <input type="checkbox"/> Child, <input type="checkbox"/> Organization <input type="checkbox"/> Trust, <input type="checkbox"/> Other _____	Date of Birth or Date of Trust	Social Security or Trust ID Number	%
	<input type="checkbox"/> If this beneficiary should remain a minor at the time of becoming a beneficiary, benefits will be paid under my State of Residence's Uniform Transfer to Minors Act or Uniform Gift to Minors Act, in which case _____ shall act as guardian for this beneficiary. (Insert Name)				
Primary Beneficiary #2	Name	Relationship <input type="checkbox"/> Spouse, <input type="checkbox"/> Child, <input type="checkbox"/> Organization <input type="checkbox"/> Trust, <input type="checkbox"/> Other _____	Date of Birth or Date of Trust	Social Security or Trust ID Number	%
	<input type="checkbox"/> If this beneficiary should remain a minor at the time of becoming a beneficiary, benefits will be paid under my State of Residence's Uniform Transfer to Minors Act or Uniform Gift to Minors Act, in which case _____ shall act as guardian for this beneficiary. (Insert Name)				
Primary Beneficiary #3	Name	Relationship <input type="checkbox"/> Spouse, <input type="checkbox"/> Child, <input type="checkbox"/> Organization <input type="checkbox"/> Trust, <input type="checkbox"/> Other _____	Date of Birth or Date of Trust	Social Security or Trust ID Number	%
	<input type="checkbox"/> If this beneficiary should remain a minor at the time of becoming a beneficiary, benefits will be paid under my State of Residence's Uniform Transfer to Minors Act or Uniform Gift to Minors Act, in which case _____ shall act as guardian for this beneficiary. (Insert Name)				
Primary Beneficiary #4	Name	Relationship <input type="checkbox"/> Spouse, <input type="checkbox"/> Child, <input type="checkbox"/> Organization <input type="checkbox"/> Trust, <input type="checkbox"/> Other _____	Date of Birth or Date of Trust	Social Security or Trust ID Number	%
	<input type="checkbox"/> If this beneficiary should remain a minor at the time of becoming a beneficiary, benefits will be paid under my State of Residence's Uniform Transfer to Minors Act or Uniform Gift to Minors Act, in which case _____ shall act as guardian for this beneficiary. (Insert Name)				

The percentage allocated for primary beneficiary(ies) should total 100%.

NOTE: The beneficiary designated on this form revokes any and all previous designations of beneficiaries of the Plan. If one or more beneficiaries within a class or category (that is, within the group of Primary Beneficiaries or within the group of Contingent Beneficiaries) should predecease me, the remaining beneficiaries of that class or group shall share equally in the share of the deceased beneficiary.

Beneficiary designation will not be valid if Section 4 on reverse side is not signed.

Please complete and sign reverse side.

Section 3: Contingent Beneficiary Designation

Contingent Beneficiary #1	Name	Relationship <input type="checkbox"/> Spouse, <input type="checkbox"/> Child, <input type="checkbox"/> Organization <input type="checkbox"/> Trust, <input type="checkbox"/> Other _____	Date of Birth or Date of Trust	Social Security or Trust ID Number	%
	<input type="checkbox"/> If this beneficiary should remain a minor at the time of becoming a beneficiary, benefits will be paid under my State of Residence's Uniform Transfer to Minors Act or Uniform Gift to Minors Act, in which case _____ shall act as guardian for this beneficiary. (Insert Name)				
Contingent Beneficiary #2	Name	Relationship <input type="checkbox"/> Spouse, <input type="checkbox"/> Child, <input type="checkbox"/> Organization <input type="checkbox"/> Trust, <input type="checkbox"/> Other _____	Date of Birth or Date of Trust	Social Security or Trust ID Number	%
	<input type="checkbox"/> If this beneficiary should remain a minor at the time of becoming a beneficiary, benefits will be paid under my State of Residence's Uniform Transfer to Minors Act or Uniform Gift to Minors Act, in which case _____ shall act as guardian for this beneficiary. (Insert Name)				
Contingent Beneficiary #3	Name	Relationship <input type="checkbox"/> Spouse, <input type="checkbox"/> Child, <input type="checkbox"/> Organization <input type="checkbox"/> Trust, <input type="checkbox"/> Other _____	Date of Birth or Date of Trust	Social Security or Trust ID Number	%
	<input type="checkbox"/> If this beneficiary should remain a minor at the time of becoming a beneficiary, benefits will be paid under my State of Residence's Uniform Transfer to Minors Act or Uniform Gift to Minors Act, in which case _____ shall act as guardian for this beneficiary. (Insert Name)				
Contingent Beneficiary #4	Name	Relationship <input type="checkbox"/> Spouse, <input type="checkbox"/> Child, <input type="checkbox"/> Organization <input type="checkbox"/> Trust, <input type="checkbox"/> Other _____	Date of Birth or Date of Trust	Social Security or Trust ID Number	%
	<input type="checkbox"/> If this beneficiary should remain a minor at the time of becoming a beneficiary, benefits will be paid under my State of Residence's Uniform Transfer to Minors Act or Uniform Gift to Minors Act, in which case _____ shall act as guardian for this beneficiary. (Insert Name)				

The percentage allocated for contingent beneficiary(ies) should total 100%.

Section 4: Participant Statement

By reason of my signature I understand that my previous beneficiary designations are revoked, and that I may change my designations upon request. Further, I understand and acknowledge that, in the event of my divorce (or marriage and subsequent divorce if I am currently unmarried), it is my obligation to notify the Plan once my divorce is finalized. I understand and acknowledge that, in the event that I do not notify the Plan of my divorce during my lifetime said divorce will nullify any existing beneficiary designation on file with the Plan designating my prior spouse as my beneficiary and my benefits will be distributed according to the Plan's Standard Beneficiary Designation.

Participant Signature: _____

Date: _____

Print Name: _____

Section 5: Spousal Consent (only complete this section if married and naming a non-spouse beneficiary as primary beneficiary)

I hereby consent to the designation of the above named beneficiary(s). In so consenting, I acknowledge that I waive all rights to the distribution of any of the assets in the accounts of the Plan identified above, except to the specific extent which may be designated herein. I hereby acknowledge that I understand: (1) that by consenting, I will forfeit part or all of the benefits that might otherwise be paid to me in the event of the death of my spouse; (2) that my Spouse's election to name a Primary Beneficiary other than or in addition to me is not valid unless I consent to it; and (3) that my consent is irrevocable.

Date: _____

Signature of Spouse _____

A notary must complete the following: Subscribed and sworn to before me this _____ day of

Signature of Notary _____

Month Year

Once completed, return to your Benefits Coordinator

Beneficiary Designation Definitions and Instructions

Instructions

Please complete all applicable sections of this form, execute the form under Section 4, and return the form to your Plan Administrator representative.

- Section 1 - Participant Information
- Section 2 - Primary Beneficiary Designation
- Section 3 - Contingent Beneficiary Designation
- Section 4 - Participant Statement and Waiver Election
- Section 5 - Spousal Consent (if applicable)

Ramifications of Not Submitting the Form

If you do not submit this completed form and do not have a beneficiary designation on file the Plan Document's Standard Beneficiary Designation shall apply. Please see your plan's Summary Plan Description (SPD) for additional information regarding the application of this provision.

How Marriage Affects Your Designation

- If you are married and your most recent Beneficiary Designation on file does not designate your spouse as the sole primary beneficiary, and does not have spousal consent for this designation, your spouse will be beneficiary of 100% of your account balance.
- If you are married and you do not designate that your spouse receive 100% of your vested account balance, then your spouse must sign the spousal consent portion of this form in the presence of a notary public. As long as your spouse is your sole primary beneficiary, his or her consent is not needed to name a contingent beneficiary.
- If you are single, you may use this form to designate any person as your beneficiary. If you marry before your account is distributed, your spouse will become your sole primary beneficiary, as described above, unless you file a new Beneficiary Designation Form and obtain the required spousal consent.
- If you are now married and should divorce your current spouse, then such divorce will automatically terminate the designation of your ex-spouse as beneficiary under the 401(k) Account. If you fail to make another designation, the 401(k) benefits will be distributed according to the Standard Beneficiary Designation. In the event that you remarry, your new spouse will receive 100% of your death benefit, unless you designate another beneficiary with the written consent of your new spouse, witnessed by a Notary Public.

Designating Minor Children

When designating minor children as beneficiaries, you may wish to utilize a state Uniform Transfer to Minors Act or Uniform Gift to Minors Act designation. This type of designation allows you to name a guardian for the minor beneficiary without having to develop a trust.

Other Important Items to Note

You are not limited to four primary and four contingent beneficiaries. To designate additional beneficiaries, please attach, date, and sign a separate piece of paper with your additional designations.

When designating beneficiaries, please use whole percentages and be sure that the percentages for each group of beneficiaries (primary and contingent) total 100%. Your primary beneficiary cannot be your contingent beneficiary. If you designate a trust as a beneficiary, please include the trust's name and address, the date the trust was created, and the trustee's name.

If more than one person is named and no percentages are indicated, payment will be made in equal shares to primary beneficiary(ies) who survive. If a percentage is indicated and a primary beneficiary(ies) do(es) not survive, the percentage of that beneficiary's designated share shall be divided equally among the surviving primary beneficiary(ies).

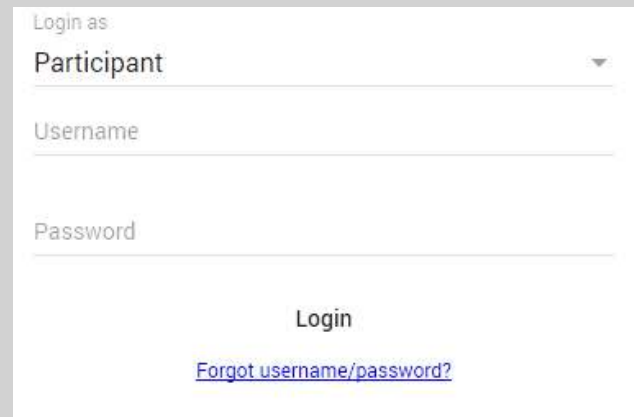
Fund Central Report

Fund	Ticker	Fund Restrictions	Asset Class	Valued Through	3 Month	1 Year	3 Year	5 Year	10 Year	Since Inception	Expense Ratio
AMERICAN CENTURY INFL ADJ BOND	AIANX		INFLATION PROTECTED BOND	03-31-2022	-2.64%	5.10%	6.27%	4.29%	2.48%	4.30%	0.27%
BAIRD AGGREGATE BOND	BAGIX		INTERM TERM BOND	03-31-2022	-6.33%	-4.46%	2.04%	2.45%	2.90%	4.78%	0.30%
DFA EMERGING MARKETS PORTFOLIO	DFEMX		DIVERSIFIED EMERGING MARKETS	03-31-2022	-3.79%	-5.75%	6.41%	6.35%	3.78%	6.73%	0.46%
DFA US TARGETED VALUE	DFVFX		SMALL VALUE	03-31-2022	-0.11%	10.82%	15.94%	9.98%	11.70%	11.40%	0.29%
MANNING & NAPIER PRO BLEND MOD	EXBAX		ASSET ALLOCATION	03-31-2022	-5.40%	0.60%	8.38%	6.95%	5.83%	6.62%	1.05%
HARBOR CAPITAL APPRECIATION FD	HACAX		LARGE GROWTH	03-31-2022	-13.60%	3.41%	20.49%	20.23%	16.20%	12.54%	0.71%
CARILLON EAGLE SM CAP GRWTH	HSIIX		SMALL GROWTH	03-31-2022	-13.91%	-12.30%	8.80%	8.82%	10.04%	9.71%	0.77%
LOOMIS SAYLES BOND FUNDSLBDX			MULTISECTOR BOND	03-31-2022	-5.13%	-0.83%	1.99%	2.41%	3.51%	8.06%	0.67%
MFS VALUE FUND	MEIKX		LARGE VALUE	03-31-2022	-3.61%	11.35%	13.26%	10.71%	11.95%	8.75%	0.45%
OAKMARK INT'L INVESTOR	OAKIX		FOREIGN LARGE BLEND	03-31-2022	-8.69%	-8.66%	5.97%	3.33%	6.12%	8.81%	1.07%
PRINCIPAL GLOBAL REAL ESTATE S	POSIX		MID BLEND	03-31-2022	-5.31%	11.89%	6.74%	8.56%	8.51%	4.94%	0.98%
AMERICAN FDS AMERICAN BALANCED	RLBGX		MODERATE ALLOCATION	03-31-2022	-3.94%	7.43%	11.17%	9.95%	10.09%	11.51%	0.25%
STATE ST INSTL US GOVT MMKT	SALXX		MONEY MARKET	03-31-2022	0.00%	0.00%	0.55%	0.82%	N/A	0.75%	0.37%
VANGUARD TARGET RETIRE 2055	VFFVX		TARGET DATE 2055 AND LATER	03-31-2022	-5.69%	5.05%	12.71%	10.95%	10.21%	10.84%	0.08%
VANGUARD FIVE HUNDRED INDEX FD	VFIAX		LARGE BLEND	03-31-2022	-4.61%	15.60%	18.89%	15.95%	14.60%	7.87%	0.04%
VANGUARD TARGET RETIRE 2050	VFIFX		TARGET DATE 2050	03-31-2022	-5.65%	5.07%	12.74%	10.96%	10.23%	8.04%	0.08%

Fund	Ticker	Fund Restrictions	Asset Class	Valued Through	April 7, 2022						
					3 Month	1 Year	3 Year	5 Year	10 Year	Since Inception	Expense Ratio
VANGUARD TARGET RETIRE VFORX 2040			TARGET DATE 2040	03-31-2022	-5.66%	4.10%	11.68%	10.28%	9.85%	7.78%	0.08%
VANGUARD SHORT TERM INV GRADE	VFSUX		SHORT TERM BOND	03-31-2022	-3.80%	-3.67%	1.49%	1.78%	1.96%	3.25%	0.10%
VANGUARD FTSE ALL WRLD EX US	VFWAX		LARGE BLEND	03-31-2022	-6.03%	-2.16%	7.65%	6.79%	5.76%	6.77%	0.11%
VANGUARD MID CAP INDEX FUND	VIMAX		MID CAP BLEND	03-31-2022	-6.32%	8.82%	15.67%	13.00%	12.94%	10.69%	0.05%
VANGUARD SMALL CAP INDEX FUND	VSMAX		SMALL BLEND	03-31-2022	-5.74%	0.68%	13.16%	11.34%	12.11%	9.62%	0.05%
VANGUARD TARGET RETIRE 2030			TARGET DATE 2030	03-31-2022	-5.65%	2.53%	9.84%	8.85%	8.68%	7.12%	0.08%
VANGUARD TARGET RETIREMNT INC	VTINX		FIXED INCOME	03-31-2022	-4.77%	0.15%	5.75%	5.30%	4.95%	5.26%	0.08%
VANGUARD TARGET RETIRE 2045			TARGET DATE 2045	03-31-2022	-5.67%	4.88%	12.61%	10.89%	10.19%	8.49%	0.08%
VANGUARD TARGET RETIRE 2035			TARGET DATE 2035	03-31-2022	-5.66%	3.29%	10.77%	9.57%	9.31%	7.84%	0.08%
VANGUARD TARGET RETIRE 2060			TARGET DATE 2055 AND LATER	03-31-2022	-5.68%	5.05%	12.71%	10.95%	10.24%	10.69%	0.08%
VANGUARD TARGET RETIRE 2025			TARGET DATE 2025	03-31-2022	-5.51%	1.86%	8.92%	8.14%	8.04%	7.04%	0.08%
VANGUARD TARGET RETIRE 2020			TARGET DATE 2020 AND PRIOR	03-31-2022	-5.06%	1.39%	7.87%	7.27%	7.31%	6.47%	0.08%
VANGUARD TARGET RETIRE 2015			TARGET DATE 2020 AND PRIOR	03-31-2022	-4.79%	0.39%	6.20%	5.95%	6.20%	6.07%	0.08%

Go-Retire Initial Login

1. Your Username is defaulted to your social security number and your password will be your date of birth in MMDDYYYY format.



The initial login screen features a 'Login as' dropdown menu with 'Participant' selected. Below it are input fields for 'Username' and 'Password'. A 'Login' button is centered at the bottom, with a blue link for 'Forgot username/password?' below it.

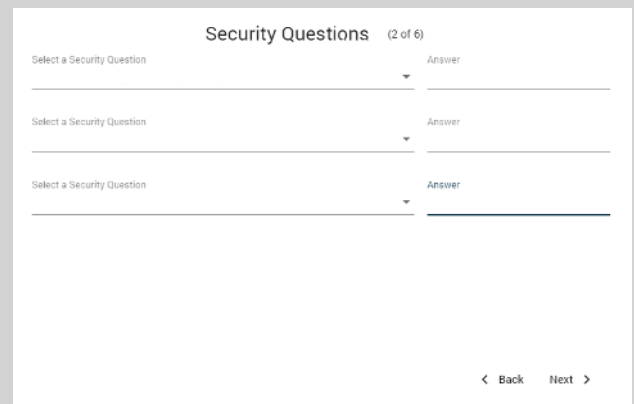
2. Using your social security number to login will require you to choose and confirm a new Username.

All users are required on initial login to choose a new password. It must contain between 8 and 20 characters, one number, one upper and one lower case letter, one special character and no spaces.



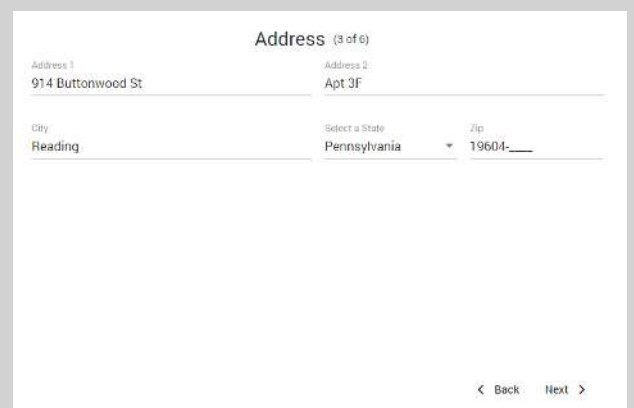
This screen is titled 'Login (1 of 6)'. It has two main sections: 'Create New Username' with a '¿Habla Español?' link, and 'Create New Password' with a 'Confirm New Password' field. A password requirement note is displayed: 'Password must contain at least one lower case and upper case letter, a number, and one of the following special characters ~ ! @ # \$ % ^ * () _ = | : ; ?'. Navigation buttons for '< Back' and 'Next >' are at the bottom right.

3. Choose and answer three security questions from the preselected lists. In the event you forget your password you can reset it by answering a Security Question from the login page.



The 'Security Questions (2 of 6)' screen shows three rows. Each row consists of a 'Select a Security Question' dropdown menu and an 'Answer' input field. Navigation buttons for '< Back' and 'Next >' are at the bottom right.

4. Review or enter your current home address. If any changes are required to the information displayed you can make those changes here.



The 'Address (3 of 6)' screen displays 'Address 1' as '914 Buttonwood St' and 'Address 2' as 'Apt 3F'. Below are fields for 'City' (Reading), 'Select a State' (Pennsylvania), and 'Zip' (19604-____). Navigation buttons for '< Back' and 'Next >' are at the bottom right.

If you need assistance or have questions, please contact our Participant Service Center at 1-800-716-3742.

5. Enter your contact information. E-mail address is a required field.

Contact (4 of 6)

Home phone
(123) 456-7890

Work phone

Mobile phone

Email
marketing@epicrps.com

< Back Next >

6. Review and confirm the information you entered in the previous steps. Click Submit if everything is accurate.

Confirm (5 of 6)

Create New Username
Chevychase1!

What is the name of your favorite childhood friend?
friend

Address 1
914 Buttonwood St

City
Reading

Zip
19604

Email
@epicrps.com

In what city did you meet your spouse/significant other?
city

What is the first name of the boy or girl that you first kissed?
kiss

Address 2
Apt 3F

State
Pennsylvania

Home phone
(123) 456-7890

< Back Submit >

7. This next step allows you to add additional levels of security to your online account by enabling Two Factor Authentication. You can choose the method of authentication (none, Google Authenticate, Text Message, E-mail) and the timing of authentication (all logins or only logins from a new device).

Two-Factor Authentication Options (6 of 7)

Two-factor authentication is a feature that adds an extra layer of security by asking you to enter a unique security code in addition to your password. You can choose to enter it every time you log in, or only on new devices you haven't logged in with before.

Choose which type of two-factor authentication to enable

None Google Text Message **E-Mail**

Choose when two-factor authentication is required

All Logins **New Devices Only**

Continue >

8. If you have enabled Two Factor Authentication a passcode will be sent to you. Enter the code you receive and click Submit.

Note: Regardless of Two Factor Authentication settings, as a security measure any time your account is accessed from a new device you will receive an e-mail notification. If you receive a notification and suspect that someone has accessed your account without permission contact your plan administrator immediately.

Validate Code (7 of 7)

A code has been sent to your email on file. To confirm you have access to this email please enter the code below and submit. If you did not receive a code select resend to send it again. If the problem persists go back and select different options or contact the Participant Service Center.

Passcode

< Back Resend Submit >

If you need assistance or have questions, please contact our Participant Service Center at 1-800-716-3742.



Go-Retire On-Line Retirement Plan Participant Account Access

Go-Retire includes several features that help you discover and maximize the value of your retirement plan. Follow the directions on the right to access your account or, if available, enroll in your employer sponsored retirement plan.

1. Navigate to www.go-retire.com
2. Choose Participant from the Login As panel.
3. Enter your User ID and Password.

Account Info	Transactions	Resource Center	Personal
Quarterly Statements The most recent available quarterly statements.	Deferral Change* View or change the contributions that come from your pay.	Fund Central View information for your plan's available investment options, including performance and fees.	Account Maintenance Update your contact information, sign up for monthly statements, and change your security settings.
Custom Statements Generate a statement for a custom time period.	Investment Elections View or change the way your future contributions are invested.	My Retirement Goal Tool to help you figure out how much to save to try to meet your retirement goals	Designate Beneficiaries* Allows you to designate your beneficiaries.
Account Summary View your current account by fund or source, including share prices, election percentages and total values.	Fund To Fund Transfers Transfer money between available investment options.	Financial Wellness Access additional financial tools and links to help you determine your tolerance for risk and evaluate your financial health.	Financial Wellness
Trade History* View account activity including contributions, fees, distributions, or transfers.	Rebalance* Realign your account to your investment elections.	Education Center A collection of resources to help you better understand your retirement plan and the vital role it plays in helping you achieve your retirement goals.	If you need a replacement Password... In the event that your Password is lost or forgotten, you may use the Password reset tool on the web or request a replacement Password by calling the Participant Service Center(PSC) at 1-800-716-3742, Monday through Friday, 6:00AM to 8:00PM EST, and pressing *0 to speak to a PSC Representative. A password will be generated and sent to the e-mail address you entered into the system when you set up your account.
Rate of Return Shows what the rate of return is for a fund(s) for a specified period of time.	Loans* Use the Loans Wizard to model or request a loan.	Plan Contacts Find contact information for your plan sponsor and the participant service center.	
Current Loans* Shows any current outstanding loans.	Distributions* Confirm availability and request a distribution from your account.	SmartPlan This is an Interactive Video-Based Retirement Planning Tool	
	Web Transaction Status View completed and pending transactions		
	SDBA* A Self-Directed Brokerage Account ('SDBA') allows you access to a wide array of investment choices beyond the core investment options in your retirement plan.		

* Some features are optional and may not be available for your plan.



Voice Response Retirement Plan Participant Account Access via Telephone

1-800-716-3742

The Toll-Free Voice Response System can be accessed as follows:

1. Dial 1-800-716-3742.
2. Press 1 for English or 2 for Spanish.
3. Enter your Social Security Number and your Personal Identification Number (PIN).

Once you enter the system, the steps you follow depend on the type of information or service needed. Please note that the numbers preceding the function descriptions denote the corresponding numbers on your telephone keypad that you would press to select that function. The functions available may include:

Account Balance Information – Press 1

- 1 - Total balances
 - 1 - Total balance by contribution source
 - 2 - Total balance for each fund
 - 4 - Total account balance
- 2 - Total vested balance
- 3 - Project future balances

Administer Your Account – Press 2

- 1 - To administer your contribution percentage
- 2 - To administer fund election percentages
- 3 - To administer your Personal Identification number
- 4 - To administer your dividend handling preference

Transfer Current Account Balances – Press 3

Loan Information – Press 4

- 1 - Information on an existing loan
 - 1 - Existing loan
 - 2 - Amount available
 - 3 - Model a new loan
- 2 - Hardship withdrawal information

Plan Specifics – Press 5

- 4 - Hear fund price information (net asset value)

Review Changes – Press 9

- 1 - Review pending request(s)
- 2 - Cancel all update requests

Help – Press *H

Main Menu – Press *M

A confirmation of any VRS initiated transaction request will be mailed to you within one business day. Please allow additional time for U.S. Postal delivery.

If you need a replacement PIN...

In the event that your PIN is lost or forgotten, you may request a replacement PIN by calling the VRS at 1-800-716-3742, Monday through Friday, 8:00AM to 8:00PM Eastern Time, and pressing 0 for assistance from a Participant Service Center Representative. Please be aware that a representative will need to verify your identification before a new PIN is provided.