

DEFINED CONTRIBUTION RETIREMENT PLAN ENROLLMENT FORM

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Phone: 336-758-5996 Fax: 336-758-5004
Web Site: www.wfu.edu/hr

SECTION I – EMPLOYEE INFORMATION

Employee Name: _____ Paid: Monthly Biweekly
(Please Print)

WFU ID Number: _____ Phone Ext: _____

I hereby request and authorize Wake Forest University to submit my contributions made by the University on my behalf, to the Funding Vehicle indicated below:

SECTION II – NEW ENROLLMENT

PAYROLL EFFECTIVE DATE: _____

If you are a new enrollee in the Defined Contribution plan, you must complete an enrollment application for one of the Funding Vehicle vendors listed below along with this form. These forms are in the SRA packet provided by HR.

- I have submitted my vendor enrollment forms directly to Fidelity, TIAA-CREF for Vanguard.
 I have attached the vendor enrollment forms to this form and ask HR to forward to vendor on my behalf.

AUTHORIZED FUNDING VEHICLE	✓ (Check One)	HR USE ONLY				
TIAA-CREF	<input type="checkbox"/>	<input type="checkbox"/> GRA	470 WFU	471 RH	472 Graylyn	Plan Code <input type="checkbox"/> 02
Fidelity Investments	<input type="checkbox"/>	<input type="checkbox"/> Term TIAA Record	480 WFU	481 RH	482 Graylyn	<input type="checkbox"/> 05
Vanguard Group	<input type="checkbox"/>	<input type="checkbox"/> Term TIAA Record	485 WFU	486 RH	487 Graylyn	<input type="checkbox"/> 10

SECTION III – CHANGE ELECTION

PAYROLL EFFECTIVE DATE: _____

- I would like to change the destination of my current Wake Forest contributions.
 I already have an existing account with one of the following Funding Vehicles below.

CURRENT ELECTION (Check One)	AUTHORIZED FUNDING VEHICLE	CHANGE TO: (Check One)	HR USE ONLY			
<input type="checkbox"/>	TIAA-CREF	<input type="checkbox"/>	470 WFU	471 RH	472 Graylyn	Plan Code <input type="checkbox"/> 02
<input type="checkbox"/>	Fidelity Investments	<input type="checkbox"/>	480 WFU	481 RH	482 Graylyn	<input type="checkbox"/> 05
<input type="checkbox"/>	Vanguard Group	<input type="checkbox"/>	485 WFU	486 RH	487 Graylyn	<input type="checkbox"/> 10

SECTION IV – EMPLOYEE SIGNATURE

Employee Signature _____ Date _____

Benefit Representative _____ Date _____

HR Use Only	
Date Application Received: _____	
Entered by: _____	Date: _____