

# Participant Enrollment Form

Products and financial services provided by  
American United Life Insurance Company®  
a ONEAMERICA® company  
One American Square, P.O. Box 6011  
Indianapolis, IN 46206-6011  
1-800-249-6269



## Plan Information

Plan Number G37616 Division \_\_\_\_\_  
Plan Name Educators Retirement Savings Plan

## Participant Information

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_  
 M  F  
Social Security (or Taxpayer ID) Number \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number (including area code) \_\_\_\_\_ E-mail Address \_\_\_\_\_  Work  Personal

## Employment Information

To be completed by the Employer for Employer Sponsored Plans or by the Participant for Voluntary 403(b), 457(b), or IRA plans.

Date of Hire (new hires only) \_\_\_\_\_ Date of Rehire (rehires only) \_\_\_\_\_

## Participant Election

[ ] I authorize my employer to reduce my compensation by \_\_\_\_\_% or \$\_\_\_\_\_ as a **pre-tax** deferral to the Plan.

[ ] I authorize my employer to reduce my compensation by \_\_\_\_\_% or \$\_\_\_\_\_ as a **Roth after-tax** deferral to the Plan.

[ ] I elect **NOT** to make contributions. I understand that I may be entitled to employer contributions or forfeiture reallocations, if applicable, as permitted by the Plan.

**NOTE:** Your Plan contains an automatic enrollment feature. You can opt out of being automatically enrolled in the plan by electing not to make contributions or electing to make contributions at a different limit or by selecting different investments to invest in on the **"Investment Option Election Form"** (R-20089).



## Information for Participant

1. The election made in the "**Participant Election**" section of this form applies until changed by you. Elections can be changed by logging into your secure account at [www.oneamerica.com](http://www.oneamerica.com) or by contacting your plan representative. The effective date of your election will be determined by your employer and is dependent upon Plan document provisions.
2. If allowed and if you are eligible to make catch-up contributions, any of your elective deferrals that exceed either the elective deferral dollar limit (the Internal Revenue Code (Code) section 402(g) limit), the annual additions limit (the Code section 415 limit), the plan's deferral limit, or the Actual Deferral Percentage (ADP) limit shall be treated as catch-up contributions, up to the applicable catch-up contributions limit for the calendar year.
3. For any calendar year that you make elective deferrals to a retirement plan sponsored by an unrelated employer as well as to this Plan, you are responsible for determining if you have exceeded the Code section 402(g) limit in effect for such taxable (calendar) year.
4. Contributions received on your behalf will be directed based on elections selected by you, if your employer is not directing the investment of your contributions, by logging into your secure account at [www.oneamerica.com](http://www.oneamerica.com), by completing an "**Investment Option Election Form**" (R-20089), or by calling 1-800-249-6269.
5. If you do not select investment options through one of the means mentioned above, if your employer is not directing the investment of your contributions, contributions received on your behalf will be directed to the applicable default investment option. It is your responsibility to log into your secure account at [www.oneamerica.com](http://www.oneamerica.com) or to call 1-800-249-6269 to transfer contributions to other available investment options.

Additional plan-specific provisions or limitations may apply. Please refer to your summary plan description (SPD) or contact your plan representative for assistance.

## Participant Acknowledgement and Signature

Under penalties of perjury, by signing below, I hereby certify (1) that the Social Security (or Taxpayer ID) Number provided under the "**Participant Information**" section of this form is correct; and (2) that I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report interest and dividends, or (b) the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

I understand that (1) tax-qualified retirement plans from American United Life Insurance Company® (AUL) are funded by an AUL group annuity contract; (2) while a participant in an annuity contract may benefit from additional investment and annuity-related benefits under the annuity contract, any tax deferral is provided by the Plan and not the annuity contract; and (3) this material must be preceded by or accompanied by the "**State Specific Fraud Warning Notices for Retirement Services**" (R-20402) form.

**The IRS does not require your consent to any portions of this document other than certifications required to avoid backup withholding.**

Participants in voluntary plans and/or residents of the state of Florida, does this annuity replace existing insurance or an annuity? [ ] Yes [ ] No If Yes, submit any required replacement forms.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(if applicable) AUL Producer/Broker Dealer #

\_\_\_\_\_  
(if applicable) Florida Producer/Dealer License #

**(if applicable) OneAmerica Securities, Inc. Broker/Dealer Firm: Please send this signed completed form and the New Account Form (10-14719) to OneAmerica Securities, Inc.**

**Please make a copy of this form for your records and return the original to your plan representative.**

