



**ENROLLMENT / BENEFICIARY FORM**  
**Cypress-Fairbanks I.S.D. Retirement Savings Plan**

- NEW ENROLLMENT**
- CHANGE MY ENROLLMENT INFORMATION**

**SECTION A: PERSONAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 E-mail address: \_\_\_\_\_@\_\_\_\_\_ Employee Number (as noted on pay stub) \_\_\_\_\_

**SECTION B: 457 DEFERRAL**

PAYROLL DOLLAR ELECTION	I elect to defer from each paycheck the following dollar amount. (This dollar election cannot exceed the maximum allowable by law and must equal at least \$10 per month.)	\$
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**SECTION C: BENEFICIARY DESIGNATION**

Primary Beneficiary:	Relationship:
Secondary Beneficiary:	Relationship:

**SECTION D: PARTICIPANT AUTHORIZATION**

I certify that I received investment information for each of the investment options I have chosen. I understand that the value of the investments may fluctuate over time and that risks are associated with investing in the investment options I have selected. Furthermore, I authorize the Plan Administrator to execute my directions as set forth above. I understand these directions will be in effect until they are replaced by a new form, or as required by law or the Plan.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***Please keep a copy of this form for your records and return the original to:***

Cypress-Fairbanks, I.S.D.  
Financial Services  
10300 Jones Road  
P.O. Box 692003  
Houston, Texas 77269-2003