

Tax Deferred Solutions
Direction of Investments Form



457(b) Deferred Compensation Plan Only, Not for Use with 403(b) Plans

The Direction of Investments form must be completed, signed, and submitted directly to Tax Deferred Solutions. This form works in conjunction with the 457(b) Salary Amendment Agreement which must be submitted to the Employer's designated office. The Direction of Investments form must be completed each time a 457(b) Salary Amendment Authorization form is submitted to provide Investment Provider Direction for 457(b) Plan Contributions.

Please Note: The Direction of Investments form should NOT be submitted to your Employer, and should be sent directly to TDS at:
 6939 Sunrise Blvd, Suite 250, Citrus Heights, CA 95610 | Fax: 916.221.5040 | Email: remittance@tdsgroup.org.

Employer Information	This form is to detail the specific selection of 457(b) Investment Options within the Plan offered through the: _____	
	<i>Employer Name</i>	

Employee Information	Employee Name		Social Security Number
	Employee Street Address		<input type="checkbox"/> 10 Pay <input type="checkbox"/> 11 Pay <input type="checkbox"/> 12 Pay <input type="checkbox"/> Other: _____
	Email Address		Home Phone
	Date of Birth	Date of Hire	Work Phone

Investment Information	Investment Provider Name	\$ Amount
	_____	\$ _____ / per pay period
	_____	\$ _____ / per pay period
Total contribution amount each payroll period: \$ _____		
Effective Date of Change (<i>date of first contribution to receive the above listed investment direction</i>): ____/____/____		
In the event the amount of funds received at TDS does not match the amount listed on the Direction of Investments form, all funds received will be returned to the employer until an updated Direction of Investments Form is completed and provided to TDS reflecting the appropriate direction for the amount of funds received.		

Financial Advisor Information	Advisor Name		Advisor Phone
	_____		_____
Required	Email Address	Firm Name	
	_____	_____	

Employee Approval	This contract serves as authorization for Tax Deferred Solutions to forward funds received from the above named Employer, or on behalf of the above named Employer, to the listed Investment Provider(s) as designated in this form.		
	I understand and agree to the following: <ul style="list-style-type: none"> It is the sole responsibility of the Employee to provide a complete and accurate Direction of Investments form to Tax Deferred Solutions for each change or initiation of 457(b) contributions. In the event I change the amount of 457(b) contributions being made to the Plan, I am required to complete a new Direction of Investments form and submit it to Tax Deferred Solutions. Contributions received by Tax Deferred Solutions for the benefit of the Employer's 457(b) Plan may not be forwarded in an appropriate or timely manner without a Direction of Investments form. This Direction of Investments form supersedes all prior Direction of Investments forms and will automatically terminate if my employment is terminated Once contributions to the 457(b) Plan cease for any reason, a new Direction of Investment form must be completed and submitted to Tax Deferred Solutions for appropriate Investment Provider designation. Participation in the 457(b) Plan is voluntary and neither the Employer nor Tax Deferred Solutions shall have any liability for any and all losses suffered by the Employee with regard to his/her selection of the annuity and/or custodial account; it's terms; the selection of the insurance company or regulated investment company; the solvency of, operation of, or benefits provided by said insurance company or regulated investment company; or his/her selection and purchase of shares of regulated investment company. 		
	Employee Signature: X _____	Date: _____	