

SALEM R-80 SCHOOL DISTRICT

Substitute

1409 West Rolla Rd.

Salem, Mo. 65560

(573) 729-6642

Fax (573) 729-8493

**Application for
CERTIFIED (SUBSTITUTE TEACHING) EMPLOYMENT**

The Salem R-80 School District considers applicants for all positions without regard to race, color, religion, sex, national origin or disability in admission or access to, or treatment or employment in, its programs and activities. If you have any inquiries or complaints concerning the application of the Salem R-80 School District's policy of nondiscrimination, you may contact the Assistant Superintendent at (573) 729-6642.

Applicants are expected to answer all questions on this application. Answer "none" or "not applicable" where necessary.

Position Applied For

Last Name	First Name	Middle Name	Other Names
Social Security Number		Email Address	Application Date
Present Address			Phone Number
Permanent Address			Phone Number

List below current Missouri certificates held. If you are currently a student, indicate below the certification you will receive upon graduation. Include a photocopy or letter of eligibility.

Areas of Certification	Type of Certificate	Exp. Date
	Life ___ Prov ___ PCI ___ PCII ___ CPC ___	
	Life ___ Prov ___ PCI ___ PCII ___ CPC ___	
	Life ___ Prov ___ PCI ___ PCII ___ CPC ___	
	Vocational _____	

EDUCATIONAL PREPARATION

NAME & LOCATION	DATES OF ATTENDANCE	DEGREE RECEIVED	YEAR OF GRADUATION	MAJOR
HIGH SCHOOL	N/A		N/A	N/A
COLLEGES/ UNIVERSITIES				

TEACHING EXPERIENCE

DISTRICT NAME & LOCATION	POSITION	DATE	NO. YRS.	SUPERVISOR	PHONE	REASON FOR LEAVING

NONTEACHING WORK EXPERIENCE (List most recent experience first)

EMPLOYER	LOCATION	NATURE OF WORK	DATES

STUDENT TEACHING (Please complete information on teacher and principal if you have less than five years experience.)

NAME OF SCHOOL NAME _____ CITY/ST _____ PHONE# _____ GRADE RECEIVED _____	DATES COMPLETED	GRADE (S) SUBJECT (S)	COOPERATING TEACHER & PRINCIPAL TEACHER _____ PRINCIPAL _____
NAME OF SCHOOL NAME _____ CITY/ST _____ PHONE# _____ GRADE RECEIVED _____	DATES COMPLETED	GRADE (S) SUBJECT (S)	COOPERATING TEACHER & PRINCIPAL TEACHER _____ PRINCIPAL _____

Total Number of Years Teaching Experience in a Public School System _____

Total Number of Years Teaching Experience in a Missouri Public School System _____

COACHING AND EXTRA-CURRICULAR AREAS				
Place a check mark by any extra-curricular areas that you would be willing to sponsor or coach.				
<input type="checkbox"/> Vocal Music	<input type="checkbox"/> Instrumental Music	<input type="checkbox"/> Drama	<input type="checkbox"/> Speech	<input type="checkbox"/> Yearbook
<input type="checkbox"/> Quiz Bowl	<input type="checkbox"/> Baseball	<input type="checkbox"/> Softball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Tennis	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Track	<input type="checkbox"/> Football	<input type="checkbox"/> Golf
<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Student Council			

REFERENCES

NAME	OFFICIAL POSITION	ADDRESS (Street, City, State, Zip)	PHONE

List pertinent achievements and honors received: _____

EMPLOYMENT QUESTIONS

1. Have you ever been arrested for, or charged with or convicted of a felony or misdemeanor? (Exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than \$100.00.) Yes _____ No _____
2. Have you ever pleaded guilty or no contest to a felony or misdemeanor? (Exclude traffic offenses for which you were not sentenced to jail or for which the fine was less than \$100.00.) Yes _____ No _____
3. Has the Missouri Division of Family Services or a similar agency in any other state or jurisdiction ever issued a determination or finding of cause or reason to believe or suspect that you have engaged in physical, emotional, psychological or sexual abuse or neglect of a child? Yes _____ No _____
4. Have you ever received a suspended imposition of sentence? Yes _____ No _____
5. Are you currently on parole or probation? Yes _____ No _____
6. Have you ever had a teaching certificate or license revoked or suspended? Yes _____ No _____
7. Have you ever surrendered a teaching certificate or a license before its expiration? Yes _____ No _____
8. Have you ever resigned a position as part of an agreement to avoid teaching certificate or license revocation? Yes _____ No _____
9. Have you ever been released or terminated or have you ever resigned from school-related employment because of misconduct or unsatisfactory service? Yes _____ No _____
10. Have you ever resigned a school-related position as a part of an agreement to avoid dismissal? Yes _____ No _____
11. Are you presently legally authorized to work in the United States on a full-time basis? Yes _____
No _____

If you have answered yes to any of the questions 1-10, please explain with an attached statement.

NOTICE: All employees of the Salem R-80 School District, are responsible for the cost of the FBI Fingerprinting.

READ CAREFULLY

Before consideration for employment, the candidate must have the following on file with the Superintendent's Office:

1. Completed application form
2. Complete set of transcripts.
3. Copy of Missouri teaching certificate(s) or letter(s) verifying eligibility.

This application form is considered active through September 1, but may be renewed/updated in person or in writing.

My signature below authorizes the school district to conduct an investigation of my personal or employment history and authorizes my current and any former employer or any person, firm, corporation, credit agency or government agency to release any information in connection with my application for employment. This investigation may include such information as criminal or civil convictions, driving records, personal references, professional references, any findings of child abuse or neglect investigation and any other appropriate information involving me. This release includes any law enforcement agencies, criminal records agencies, previous employers, educational institutions, Missouri or other State Department of Social Services, Child Protective Services in any locality to which they may refer. In consideration of the school district's review of this application, I waive my right of access to any such information, and without limitation hereby release the school district and the reference source from any liability in connection with its release or use.

Furthermore, I certify that the statements contained herein are true, correct, and complete answers in the knowledge that they may be relied upon in considering my application, and I understand that any omission, falsely answered statement made by me on this application, or any supplement to it, will be sufficient grounds for failure to employ or for my discharge should I become employed with the school district.

Date _____

Signature of Applicant _____

AUTHORIZATION AGREEMENT
AUTOMATIC DEPOSITS (ACH CREDITS)

I (we) hereby authorize SALEM R-80 SCHOOL DISTRICT, hereinafter called COMPANY, to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called The Bank of Salem, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name) (Branch)

(Address) (City/State) (Zip)

(Routing Number) (Account Number)

Type of Acct: Checking Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

(Print Individual Name)

(Print Social Security Number)

(Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

Form I-9, Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

<p>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</p>	<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen of the United States</p> <p><input type="checkbox"/> A noncitizen national of the United States (see instructions)</p> <p><input type="checkbox"/> A lawful permanent resident (Alien #) _____</p> <p><input type="checkbox"/> An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)</p>
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Employee's Signature	Date <i>(month/day/year)</i>
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	8. Employment authorization document issued by the Department of Homeland Security
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Notice of Eligibility

Dear Employee,

Section 403(b) of the Internal Revenue Code provides public school employees with an opportunity to save for retirement on a tax-favored basis by making pre-tax salary reduction contributions into a 403(b) account. Amounts contributed into this 403(b) account are not subject to federal income taxes (and most state income taxes) until the time of distribution. The earnings in the account also grow on a tax-deferred basis until you make withdrawals from the account.

You are receiving this Notice of Eligibility as part of the Salem R-80 School District's initiative to notify every employee of his or her eligibility to participate in the employer's 403(b) program. Please consider this as official notice from the district that you are eligible to participate in the district's 403(b) program.

While your participation is optional, we encourage you to consider participating in this benefit program. For more information on the program, you should contact the following:

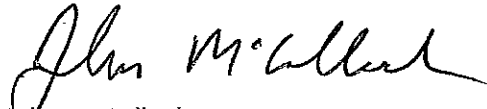
For information on enrolling in the 403(b) program:

Robin Wells
(573) 729-6642
rwells@salem.k12.mo.us

For information on the 403(b) program:

Boehne Financial Group
Greg Boehne and Terry Reid
4940 S. Farm Rd 189, Ste. 500A
Rogersville, MO 65742
(417) 881-0009
greg@boehnefinancialgroup.com
terry@boehnefinancialgroup.com

Sincerely,




John McColloch
Superintendent

I have received this notification and understand my ability to participate and make salary reduction contributions under the Salem R-80 School District 403(b) Plan.

Name: _____

Signature: _____

Date: _____



SALEM R-80 SCHOOL DISTRICT

403(b) PLAN

SCHEDULE OF INVESTMENT PROVIDERS

The following investment providers have been approved by the Employer for remittance of Salary Reduction Contributions under the 403(b) Plan:

INVESTMENT PROVIDERS

SECURITY BENEFIT

Salem R-80 School District 403(b) Plan



The SFR® Program

••• [BE INFORMED]



To learn more about how Security Benefit can provide your retirement solution, contact:

Gregory W. Boehne
greg@boehnefinancialgroup.com

Taryn E. Field
taryn@boehnefinancialgroup.com

1-800-888-2461

Security Benefit can help answer your retirement needs with the SFR® Program. This 403(b)(7) tax-deferred retirement plan has the following benefits:

- A proven multi-manager mutual fund platform of investments
 - 49 diversified investment options
 - 20 nationally recognized fund managers
- Personalized local service from a financial professional
- No sales loads
- 24/7 access to your account information
- Contributions made on a pre-tax basis
- Contributions plus earnings grow tax-deferred until withdrawal*
- Complete portability upon severance from employment
- Money management services from Morningstar®
 - Education
 - Guidance
 - Sample portfolios
 - Comprehensive portfolio management
- 2009 Deferral limit of \$16,500 with a \$5,500 catch-up provision for those over age 50

Experience matters

Security Benefit has been helping meet the financial needs of people for over 100 years, and we've been helping school district employees with their retirement savings for much of our history. Security Benefit is a leading provider of retirement plans for school districts, serving educators in all 50 states.

You should carefully consider the investment objectives, risks, and charges and expenses of the investment options available under the SFR® retirement savings program before investing. You may obtain prospectuses that contain this and other information about the investment options by calling our National Service Center at 1-800-888-2461. You should read the prospectus carefully before investing. Investing in mutual funds involves risk and there is no guarantee of investment results.

*Withdrawals are subject to ordinary income tax and if withdrawn prior to age 59½ may be subject to a 10% IRS penalty tax.

The Morningstar name and trademarks are used under license from Morningstar Associates, LLC, a registered investment advisor and a wholly-owned subsidiary of Morningstar, Inc. Morningstar, Inc. and Morningstar Associates, LLC are not affiliated with Security Benefit, its subsidiaries and affiliates. Security Benefit has no responsibility for the management operations of Morningstar or any of its affiliates.

The SFR® Program is the marketing name for certain retirement plans made available by Security Distributors, Inc. (SDI). This flyer describes some of the features and benefits of a retirement plan offered under the SFR® Program.

Securities are distributed by Security Distributors, Inc., a subsidiary of Security Benefit Corporation ("Security Benefit").

Boehne Financial Group is not affiliated with SagePoint Financial, Inc., or registered as a broker-dealer or investment advisor.

The SFR® Program Investment Options

	Value	Blend	Growth
Large	<ul style="list-style-type: none"> Dreyfus Strategic Value Jennison Value Van Kampen Comstock 	<ul style="list-style-type: none"> American Century Equity Growth American Funds® Fundamental InvestorsSM Dreyfus S&P 500 Stock Index Jennison 20/20 Focus 	<ul style="list-style-type: none"> American Funds® The Growth Fund of America[®] Janus Adviser Growth and Income Marsico Growth¹ T. Rowe Price Growth Stock
Mid	<ul style="list-style-type: none"> RS Value Securly Mid Cap Value 	<ul style="list-style-type: none"> Aston/Optimum Mid Cap Dreyfus Structured Midcap 	<ul style="list-style-type: none"> AIM Capital Development Baron Asset
Small	<ul style="list-style-type: none"> RS Partners Wells Fargo Advantage Small Cap Value 	<ul style="list-style-type: none"> Aston/TAMRO Small Cap Royce Value 	<ul style="list-style-type: none"> AIM Small Cap Growth Baron Small Cap

Other Equity Categories	Global / International	Fixed Income
ASSET ALLOCATION/TARGET DATE <ul style="list-style-type: none"> T. Rowe Price Retirement 2010 T. Rowe Price Retirement 2020 T. Rowe Price Retirement 2030 T. Rowe Price Retirement 2040 T. Rowe Price Retirement 2050 T. Rowe Price Retirement Income BALANCED/ASSET ALLOCATION <ul style="list-style-type: none"> American Funds® The Income Fund of America[®] Van Kampen Equity and Income SPECIALTY <ul style="list-style-type: none"> Neuberger Berman Socially Responsive SPECIALTY-SECTOR <ul style="list-style-type: none"> Fidelity® Advisor Real Estate Jennison Natural Resources RS Technology 	GLOBAL EQUITY <ul style="list-style-type: none"> American Funds® Capital World Growth and Income T. Rowe Price Global Stock¹ INTERNATIONAL EQUITY <ul style="list-style-type: none"> American Funds® EuroPacific Growth Janus Adviser International Growth¹ T. Rowe Price International Growth & Income¹ INTERNATIONAL BOND <ul style="list-style-type: none"> American Century International Bond EMERGING MARKETS EQUITY <ul style="list-style-type: none"> AIM Developing Markets¹ 	HIGH YIELD BOND <ul style="list-style-type: none"> Legg Mason Partners Global High Yield Bond INTERMEDIATE TERM BOND <ul style="list-style-type: none"> Federated Bond PIMCO Total Return GOVERNMENT BOND <ul style="list-style-type: none"> PIMCO Real Return SHORT TERM BOND <ul style="list-style-type: none"> PIMCO Low Duration MONEY MARKET <ul style="list-style-type: none"> American Century Prime Money Market² FIXED ACCOUNT <ul style="list-style-type: none"> Fixed Account³

Participant Fees	
Administration	<\$25,000 - \$20; >\$25,000 - waived
Loan Origination*	\$50
Annual Loan Maintenance*	\$50
Fund Expenses	0.50% to 1.75% (net), depending on fund.
Asset based administration fee ¹	.85

For additional expense information, see the SFR Annual Underlying Fund Expenses flyer.

* If loans allowed by plan.

¹ To cover the cost of additional required recordkeeping, an additional asset based fee of 0.10% applies to assets held in American Funds.

² Investments in this fund that are withdrawn or transferred may be assessed a redemption fee, which is retained by the fund. The redemption fee is applicable only on mutual fund products.

³ This Fund is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although the Fund seeks to preserve the value of your investment at \$1.00 per share, it is possible to lose money by investing in this Fund.

⁴ The Fixed Account Option is a group unallocated fixed annuity contract issued by Security Benefit Life Insurance Company ("SBL"), policy form GV4586.



SECURITY BENEFIT®

One Security Benefit Place • Topeka, Kansas 66636-0001 • securitybenefit.com

SBI 1039 AA 41-10190-27 2008-11-21

Distributions, Loans and Transfers

When can I take a distribution from this plan?

- You may request a distribution when you retire, terminate your employment with the employer, or become disabled. If you do not request a distribution, IRS rules will generally require that you commence distributions soon after you turn 70½ or retire, if later.
- 100% of your account balance is payable to your designated beneficiary (ies) in the event of your death.

Can I get money from the plan while I am still employed?

- Depending on the provisions of the custodial account or annuity contract you select to hold your contributions, certain other distributions may be allowed, such as
 - Hardship withdrawals for certain financial emergencies;
 - In-Service withdrawals if you are at least 59 ½ years old; and
 - Loans.

Will I be taxed on my distribution?

- You may be able to avoid current income taxes by rolling over your distribution to another tax-qualified retirement plan or Individual Retirement Account (IRA). Some distributions, such as hardship withdrawals, cannot be rolled over, and will therefore be subject to income taxation. If you have a Roth account, your contributions and, in certain circumstances, income earned on the contributions will not be taxed when distributed.

Can I transfer my accounts to a new custodial account or annuity contract?

- You may transfer your account tax-free to any approved investment providers under this plan. Certain charges may apply.

Account Charges

What fees are associated with my 403(b) account?

- Your investment provider may charge a variety of fees for investment products available under the plan. These fees are usually required to be disclosed to you. Refer to the prospectus and other materials associated with the custodial account or annuity contract you select. These fees may include:
 - A periodic (such as quarterly or annual) record keeping fee.
 - A fee to cover investment management and administration, and for annuity contracts, risk charges and charges for riders, such as guaranteed income benefits. These types of fees may be deducted prior to determining the share or unit price of your investments, so you may want to ask your financial representative to point them out to you.
 - Some investment providers may charge a fee when you take a distribution from this plan.

Before investing, you should carefully consider the investment objectives, risks, and charges and expenses of the mutual funds or annuity contracts available under this plan.

Account Information

How can I get information about my account?

- You may obtain account information through your financial representative or the investment provider of your custodial account or annuity contract.

Participation

When am I eligible to participate in this plan?

- You are eligible to join this plan on your date of hire.

Contributions

What kinds of contributions may be made to this plan?

- This plan provides for pre-tax salary reduction contributions and rollovers. There are no employer contributions.
- Pre-tax contributions are deducted before you pay current income taxes. Pre-tax investments grow tax-deferred and the contributions and any earnings are taxed when you take a distribution from this plan.
- You may roll over benefits from a former employer's eligible retirement plan into this plan.

How much may I contribute?

- You can contribute up to 100% of your compensation to this plan up to the limit allowed under the Internal Revenue Code (\$16,500 in 2009).
- If you have 15 years of service with your employer, you may be eligible to make additional contributions of up to \$3,000 per year (capped at \$15,000 for all years).
- If you are age 50 or older you can contribute a "catch-up" contribution of up to \$5,500 (2009).

Can I ever lose my benefits?

- You are always 100% vested in your salary reduction contributions. This means the value of your contributions and earnings are yours when you terminate employment with your employer, without respect to your years of service.

What do I have to do to start contributing?

- Automatic payroll deduction withdraws your contributions directly from your paycheck after you complete a Salary Reduction Agreement and return it to your financial representative or your employer. You may commence making contributions or modify the amount of your current contributions at any time by modifying your Salary Reduction Agreement.

Investments

Where are my contributions invested?

- You may choose the 403(b) custodial account or annuity contract you want from the list of approved investment providers located on the cover page.

How are my contributions invested?

- You select how you want your contributions to be invested from among the investment options available under each approved investment provider's product.
- Your investment provider's custodial account or annuity contract will determine how often you may change your investment mix.



Questions? Call our National Service Center at 1-800-898-2461.

Instructions

In completing your application or investment request, please clearly write the fund code and fund name listed below in the appropriate sections of each form.

1. Choose Investment Option

Target Date Funds

OE	T. Rowe Price Retirement 2010	OH	T. Rowe Price Retirement 2040
OF	T. Rowe Price Retirement 2020	OI	T. Rowe Price Retirement 2050
OG	T. Rowe Price Retirement 2030		

Fund Code	Fund Name	Fund Code	Fund Name
HO	AIM Capital Development	JV	Jennison 20/20 Focus
MH	AIM Developing Markets ²	PJ	Jennison Natural Resources
AF	AIM Small Cap Growth	OB	Jennison Value
HP	American Century Equity Growth	NY	Legg Mason Partners Global High Yield Bond
HQ	American Century International Bond	BX	Marsico Growth ²
NT	American Century Prime Money Market	IY	Neuberger Berma Socially Responsive
QP	American Funds [®] The Growth Fund of America [®]	QU	PIMCO Low Duration
QQ	American Funds [®] EuroPacific Growth	IA	PIMCO Real Return
QR	American Funds [®] Capital World Growth and Income	CI	PIMCO Total Return
QS	American Funds [®] The Income Fund of America [®]	IB	Royce Value
QT	American Funds [®] Fundamental Investors	CK	RS Partners
HM	Aston/Optimum Mid Cap	IC	RS Technology
HN	Aston/TAMRO Small Cap	HX	RS Value
HU	Baron Asset	CP	Securly Capital Preservation ¹
HV	Baron Small Cap	EL	Securly Mid Cap Value
AY	Dreyfus Premier Strategic Value	PK	T. Rowe Price Global Stock ²
PH	Dreyfus Premier Structured Midcap	KC	T. Rowe Price Growth Stock
BA	Dreyfus S&P 500 Stock Index	PL	T. Rowe Price International Growth & Income ²
HW	Federated Bond	OJ	T. Rowe Price Retirement Income
HY	Fidelity [®] Advisor Diversified International ^{2,3}	GL	Van Kampen Comstock
BN	Fidelity [®] Advisor Real Estate	GN	Van Kampen Equity and Income
PI	Janus Adviser Growth and Income	GE	Wells Fargo Advantage Small Cap Value
JQ	Janus Adviser International Growth	FIXED	Fixed Account ¹

¹ May not be available in all plans.

² Investments in this fund that are withdrawn or transferred may be assessed a redemption fee, which is retained by the fund.

³ Effective December 5, 2008 this fund will no longer be available.

For questions please consult with your financial representative.

Step 3: Invest