

Tax Deferred Solutions
Direction of Investments



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 Reduction Agreement which must be submitted to the Employer's payroll/benefits office. The Direction of Investments form must be completed each time a 457(b) Salary Reduction Authorization form is submitted to the Employer 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: <div style="text-align: center; border-bottom: 1px solid black; margin-top: 10px;">Employer Name</div>								
Employee Information	Employee Name <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>		Social Security Number <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>						
	Employee Street Address <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>		<input type="checkbox"/> 10 Pay <input type="checkbox"/> 12 Pay <input type="checkbox"/> Other: <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>						
	Email Address <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>		Home Phone <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>						
	Date of Birth <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>	Date of Hire <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>	Work Phone <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>						
Investment Information	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Investment Provider Name</th><th style="width: 30%;">\$ Amount</th></tr> </thead> <tbody> <tr> <td><div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div></td><td>\$ <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> / per pay period</td></tr> <tr> <td><div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div></td><td>\$ <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> / per pay period</td></tr> </tbody> </table>			Investment Provider Name	\$ Amount	<div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>	\$ <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> / per pay period	<div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>	\$ <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> / per pay period
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<div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>	\$ <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> / per pay period								
Total contribution amount each payroll period: \$ <div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div>									
Effective Date of Change (<i>date of first contribution to receive the above listed investment direction</i>): <div style="border-bottom: 1px solid black; width: 150px; display: inline-block;"></div> / <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> / <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div>									
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 <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>		Advisor Phone <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>						
	Email Address <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>	Firm Name <div style="border-bottom: 1px solid black; height: 1.2em; margin-top: 5px;"></div>							
Employee Approval	<p>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.</p> <p>I understand and agree to the following:</p> <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 <div style="border-bottom: 1px solid black; width: 400px; display: inline-block; margin-top: 5px;"></div>		Date: <div style="border-bottom: 1px solid black; width: 150px; display: inline-block; margin-top: 5px;"></div>							