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Tax-Sheltered Annuity (TSA) Application

PLEASE PRINT WITH BLACK INK • SIGN AND DATE ON BACK

Applicant Information

Social Security no. _____ Date of birth ____/____/____
 Name _____ Marital Status: Single Married Widowed
 Address _____ Daytime phone (____) _____
 City, State, ZIP _____ Evening phone (____) _____
 Employer _____ WEAC member: Yes No Gender: Male Female
(if retired, last employer and retire date)

Investment Allocation

Allocations must be in whole numbers and each contribution source (elective pre-tax, elective (after-tax) Roth, and nonelective) must total 100% or your allocation will default to the age appropriate target retirement fund as published by Vanguard.

Investments in SECTION A offer a simple, one-decision approach to investing—they are designed to build assets without the need for monitoring or rebalancing. Simply choose the fund that most closely matches your intended retirement date (see the *Target Retirement Fund* fact sheets).

Or, if you prefer to create and manage your own investments, choose from the investments in SECTION B (See the *TSA Investment Guide*).

SECTION A—For those who prefer to have their investment portfolio managed for them.

Elective			Nonelective
Before-tax	After-tax (Roth) <small>(If offered by your employer)</small>		Employer
VANGUARD TARGET RETIREMENT FUNDS			
_____ %	_____ %	#75 Vanguard Target Retirement 2005	_____ %
_____ %	_____ %	#76 Vanguard Target Retirement 2015	_____ %
_____ %	_____ %	#77 Vanguard Target Retirement 2025	_____ %
_____ %	_____ %	#78 Vanguard Target Retirement 2035	_____ %
_____ %	_____ %	#79 Vanguard Target Retirement 2045	_____ %

SECTION B—For those who prefer to manage their own investment portfolio.

Elective			Nonelective
Before-tax	After-tax (Roth) <small>(If offered by your employer)</small>		Employer
FIXED INCOME			
_____ %	_____ %	#10 Guaranteed Investment	_____ %
LARGE-CAP STOCK MUTUAL FUNDS			
_____ %	_____ %	#63 T. Rowe Price Equity Income	_____ %
_____ %	_____ %	#70 Vanguard Institutional Index	_____ %
_____ %	_____ %	#83 Domini Institutional Social Equity	_____ %
_____ %	_____ %	#72 Vanguard PRIMECAP	_____ %
_____ %	_____ %	#64 T. Rowe Price Growth Stock	_____ %
MID-CAP STOCK MUTUAL FUNDS			
_____ %	_____ %	#66 T. Rowe Price Mid-Cap Value	_____ %
_____ %	_____ %	#60 T. Rowe Price New Era	_____ %
_____ %	_____ %	#21 Ariel Appreciation	_____ %
_____ %	_____ %	#73 Vanguard Mid-Cap Index	_____ %
_____ %	_____ %	#65 T. Rowe Price Mid-Cap Growth	_____ %
INTERNATIONAL STOCK MUTUAL FUNDS			
_____ %	_____ %	#31 Calvert World Values International	_____ %
_____ %	_____ %	#42 Fidelity Diversified International	_____ %
SMALL-CAP STOCK MUTUAL FUNDS			
_____ %	_____ %	#22 Ariel Fund	_____ %
_____ %	_____ %	#61 T. Rowe Price Small-Cap Value	_____ %
_____ %	_____ %	#71 Vanguard Small-Cap Index	_____ %
_____ %	_____ %	#74 Vanguard Explorer (<i>Admiral Shares</i>)	_____ %

Sum of Sections A and B—The sum of each applicable column (before-tax elective, after-tax (Roth) elective, and nonelective) in Section A plus Section B should equal 100%.

Contribution Information (check all that apply)

Elective (employee contributions—must complete a Salary Reduction Agreement)

Before-tax elective After-tax (Roth) elective **If offered by your employer**

Roth TSA contributions may reduce the potential availability of the 15-year catch-up contributions.

Nonelective (employer contributions—403(b) before tax only—do not complete a Salary Reduction Agreement)

Effective date _____ Amount of each nonelective contribution \$ _____

Per: Pay period Month Year Other _____
(please specify)

Asset transfer/rollover (transfer/rollover forms required)

Beneficiary Information

See *Choosing Your Beneficiaries* brochure before completing this section.

No matter how you complete this designation, if you are married at the time of your death, your spouse may have enforceable claims on your account pursuant to Wisconsin's marital law. You may wish to consult your attorney on this matter.

Beneficiary(ies)

Name	Date of birth (required if spouse)	Social Security no. (optional)	Relationship	Percentage	<i>per stirpes</i>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>

(% column MUST total 100%)

Contingent Beneficiary(ies)

Name	Date of birth (optional)	Social Security no. (optional)	Relationship	Percentage	<i>per stirpes</i>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>

(% column MUST total 100%)

(List additional beneficiaries on a separate page—include your Social Security number and signature on all additional pages.)

Prohibition of Telephone Access

All of your retirement accounts will be authorized for person-to-person telephone transactions unless you check the box below. Neither WEA Trust Member Benefits nor its agents will be liable for any actions taken in compliance with such instructions they believe to be genuine.

I do **NOT** authorize WEA Trust Member Benefits to act upon telephone instructions regarding my account(s). I understand that WEA Trust Member Benefits will accept and act upon only written instructions from me regarding my account(s).

Signature Guarantee

All withdrawal requests must be made in writing. We recommend that you further protect your account from forgery or identity theft by requiring all withdrawals and name changes to have a signature guarantee. A signature guarantee is a stamp from a financial institution that authenticates your signature and provides insurance that may grant reimbursement in the case of fraud. A notary public stamp is not acceptable.

I do **NOT** require a signature guarantee for all withdrawals and name changes to all of my WEA Trust TSA and/or IRA accounts.

Signature and Date (required)

Contributions require your employer to have a *Joinder Agreement*. Eligibility for the WEA Trust Member Benefits TSA program requires WEAC membership or employment at an organization that has a WEAC bargaining group.

Applicant's Signature _____ Date _____

What prompted you to enroll in this program? Please select one:

Heard about us from another source Received info from school business office Received a mailing *Trust Advantage* meeting Seminar or convention Web site Newsletter or publication Referral from Trust staff person