



ONLINE ENROLLMENT & WEB ACCESS GUIDE



PenServ
PLAN SERVICES

Town of Barnstable
403(b) Plan

403(b)

Plan Participation Benefits & Options

Plan Features

The 403(b) program is designed to offer a broad range of quality mutual funds and annuities that provide an opportunity to build a diversified retirement plan portfolio. Program options may include:

- Online web enrollment, view account balances, monitor transaction history, and download administrative forms.
- Update personal information, perform transactions or request an exchange of dollars between mutual funds.
- Generate transaction approval certifications for loans, transfers, and distributions.

Plan Participation

Once you enroll in the program, contributions are withheld from your wages and forwarded to the investment provider that holds the investments for your Plan. The following contributions may be applied to your account:

Pre-Tax Salary Deferrals: These contributions are withheld from your pay before federal income taxes are applied. The maximum amount you can contribute is computed on a calendar year basis and is established by the IRS from year-to-year. Information is posted to the Plan website when limits for the upcoming year are announced. For 2015, the limit on traditional deferrals is \$18,000.

In addition to the standard deferral limits, employees who will have reached 50 years of age before the end of any calendar year are eligible to make an additional "catch-up" contribution. This amount may also vary from year to year and the limit will be announced along with the maximum deferral limitations described above.

Rollovers: You may also rollover an eligible rollover distribution into the Town of Barnstable 403(b) Plan. Before you can complete an incoming rollover to this Plan, however, you must first receive an approval for the monies to be applied to your account. A PenServ representative will be able to assist you in this process.

Distributable Event

Participants who are eligible for a distribution from the Plan should complete an application and submit the form to the Plan Administrator for approval. Distributions that meet IRS requirements for payment are generally processed within 2 business days from receipt of an approved application in good order.

Participant Loans

If an employee meets certain requirements, the program offers the option to receive a loan from the Plan. Issuance of a new loan is contingent on receipt of information from current and prior investment providers. Loan requests that meet IRS requirements are generally approved within 3 business days from receipt of information required from investment providers. Please allow sufficient time for vendors to respond with required information. Loans must be repaid or the outstanding balance may become taxable upon default and future loans may be prohibited until repayment.

Note: Check with your investment provider to determine if loans are permitted from your vendor account.

Online Plan Access

Once you have enrolled in the Plan, you may view your account balances, modify your choice of investment providers, monitor contributions, and initiate investment transactions.

Web Access: <http://www.penserv.com/login>

Plan Enrollment

Employees can enroll in the Plan using the attached Plan Access Code.

Any employee who is employed may participate in the Plan. Salary deferral information will be provided to your employer for entry into the payroll system subject to employer guidelines.

Enrollment in the Plan is a two-step process. In addition to making a salary deferral election and selecting a company to receive your contributions, you will need to complete the necessary documentation required by the selected investment provider. You should immediately contact a vendor representative for assistance in establishing your investment account if such an account does not currently exist. Failure to establish a contract or custodial agreement with your selected vendor may prevent timely investment of your funds.

For further information on the enrollment process, you may contact the PenServ office listed below.

Contact for Further Information

PenServ Plan Services, Inc.
Website: <http://www.penserv.com>
Phone: (800) 849-4001
Fax: (803) 791-5925

Mailing Address: P.O. Box 3109 | West Columbia, SC | 29171
Email: 403bservice@penserv.com

Vendor Options

The 403(b) Plan is offered to Town of Barnstable employees as an opportunity to supplement their retirement program with salary deferrals contributed to a choice of annuity contracts or mutual fund products.

Enrolling in the 403(b) Plan is a two-step process for participants:

Step 1: You should review the list of available investment providers and select an active vendor from the list below. If you do not currently have an account with the vendor you selected, contact a representative who will assist you with the necessary documentation required to establish an account with the investment company.

Step 2: Enroll in the Plan. Elect a salary deferral amount and designate your selected vendor using the enrollment steps provided in this document. Failure to establish a contract or custodial account with your selected vendor may prevent timely investment of your contributions.

The following investment providers have been approved to accept contributions for the plan. Contributions cannot be accepted by any other company.

Active Vendor Name	Investment Company Contact
PenServ on behalf of American Funds *	Sean Doherty, Centinel Financial Group, LLC Phone (508) 420-4590 sdoherty@centinelfg.com
Ameriprise Financial Services	John Pupa, 000 Phone (508) 775-2399
AXA Equitable Vendor Plan Number: 077568	Christopher Flanders, AXA Advisors, LLC Phone (508) 759-5230 christopher.flanders@axa-advisors.com
Great American Insurance Group Vendor Plan Number: 0T2560	Jason Hitch, Great American Advisors, Inc. Phone (800) 438-3398 directconnectteam@gafri.com
	Lynn Kaplan, Horizon Financial Group, Inc. Phone (781) 444-4141 ext. 251 LKaplan@horizongrp.net
Horace Mann Insurance Co. Vendor Plan Number: I0060696101	Bruce Sauvageau, Horace Mann Phone (508) 314-1203
Life Insurance Co. of the Southwest Vendor Plan Number: 2175	Francis Garvin, 000 Phone (978) 535-8989

Vendor Options (continued)

Active Vendor Name	Investment Company Contact
Lincoln Investment Planning Vendor Plan Number: 143229-1	Mark Soloperto, Lincoln Investment Planning Phone (774) 239-7422
MetLife Vendor Plan Number: 0019600-0826513	Christopher Burnes, MetLife Phone (781) 267-0132 cburnes@metlife.com
Oppenheimer Funds Vendor Plan Number: 242379	Lynn Kaplan, Horizon Financial Group, Inc. Phone (781) 444-4141 ext. 251 LKaplan@horizongrp.net
Security Benefit Vendor Plan Number: O15965	Phone (800) 888-2461 http://www.securitybenefit.com

*** American Funds Special Instructions:**

Procedures for investing with this vendor will be provided after you enroll in the plan. Instructions directing you to the American Funds login page will be mailed or emailed using the contact information provided during the enrollment process.

**For additional information or for assistance with this process, please contact PenServ
Plan Services, Inc. at:
Phone: 800-849-4001 | Email: 403bservice@penserv.com
Mailing Address: P.O. Box 3109, West Columbia, SC 29171**

Enrollment & Using the Plan Website

Welcome to the Town of Barnstable 403(b) Plan. Enrollment in the plan is easy. You simply need to follow the instructions prompted on the Plan's web page. The website is supported by programs designed to protect your personal information. The system recognizes upper and lower case characters; therefore, if you enter capital letters in your User Name or Password the same upper or lowercase will be required each time you enter the information.

Plan Website Address: <http://www.penserv.com/login> and select: First Time Visitor?

Enrollment Process

Enter: Your Social Security Number

Enter the Plan Access Code: **Barn1256**

Step 1 Enter your personal information.

Items marked with an asterisk (*) must be completed before you can proceed to the next step.

Username Information: This information is used to access your account, direct transactions and invest your contributions. The system is designed to protect your personal information; the codes you enter here should not be shared with another individual. For security purposes, you may not use sequential numbers or letters (i.e. 123 or abc), your name, Social Security Number, or symbols (i.e. @, !, &).

Verification Question: This code is used as an identifier in case you forget your account password or need assistance from a participant services representative.

Email Address: Required for communication purposes and notification of changes applied to your account.

Step 2 Deferral Elections.

This window allows you to select the amount to contribute each pay period. Annual limitation information is also provided. Select "Change" from the Action drop down list to indicate you are entering a deferral amount. Enter the Pre-Tax Contribution amount to be applied to each paycheck.

Step 3 Select investments for your new contributions.

The investment election percentages you enter will be applied to the Money Source you selected. Please note that once you have completed the enrollment process, you can always change your investment election percentages.

Step 4 Review and confirm your entries.

Please review the information you provided for the Plan. Be certain you check the entries carefully; the data will be used to establish permanent plan records and access to your account.

Congratulations! Your enrollment is complete.

You may access your account through the Plan's website (displayed above) at any time using your Username and Password. If you elected to receive email confirmations, you will receive confirmation of your enrollment at the email address entered during the Enrollment Process.

Important Security Information

The Password you have entered for your account is secured by the system and should be protected and not shared. Anyone requesting access to this information will be denied unless the information you have entered can be provided.

Enrollment Information Worksheet

The following information will be required to logon to the website: <http://www.penserv.com/login>

User Name

This is a 6 - 12 character alpha-numeric field that you use when you logon to the website. It is established during enrollment on the website. This information should remain confidential as it permits access to your account and personal information.

Password

A 6 - 8 character field that works in conjunction with your User Name to protect the security of your account.

Verification Question

This is a question you will be asked to answer if you forget or misplace your Password. With a correct response, the PenServ system will be able to provide information that will permit you to reset your password.

Personal Information

This includes your name, address, and home phone, as well as your date of birth, date of employment and marital status. This information will help to determine eligibility for certain plan transactions and will be compared to the date provided by your employer.

Email Address

If you provide an email address at the time of enrollment, we will be able to confirm the entry of your data to the website. When you enter a request, an email notification will automatically be sent to the address provided. Only the participant can change the email address in the system.

Salary Deferral Contributions

The amount you are electing to have deferred from your salary each pay period. The information you enter will be transmitted to your employer for entry into the payroll. To change your elections, simply logon to the website and enter the new information.

Vendor Selections

You should review the list of available investment providers and select an active vendor from the list on the Vendor Options page. If you do not currently have an account with the vendor you selected, contact a representative who will assist you with the necessary documentation required to establish an account with the investment company.

Review & Confirm Your Entries

The system permits you to make changes to your elections before submitting the data to the system. Please review the information carefully, and submit to your Plan.

Logging Into Your Account After Enrollment

Once you have saved you User Name and Password to the system, the program captures your entries and you must login using the participant selection on the Login Screen. You will no longer be able to enter as a "First - Time User."

Assistance

For further assistance, please contact a PenServ Participant Services Representative at: (800) 849-4001 (8:00 am - 5:00 pm ET)

Email: 403bservice@penserv.com

403(b) Salary Deferral and Investment Election Agreement

**Town of Barnstable
403(b) Plan**

Participant Name		Social Security No.	
Address			
City		State	Zip
Date of Birth	Date of Employment	Email Address	
Evening Phone		Day Phone	
Position/Title	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	

PARTICIPATION ELECTIONS

Salary Deferral Elections I hereby apply for Participation in the above-named 403(b) Plan and direct my employer to withhold through payroll reduction the following amounts from each pay. I understand this election will be applied to future contributions only and will remain in effect until I direct new elections through the Plan's Internet or Voice Response System.
NOTE: I understand that if I am 50 years of age or will reach the age of 50 during this calendar year any contribution deferrals in excess of the traditional salary will be applied to the Age 50 Catch-up option.

Election to Defer Participation I do not want to participate in the Plan at this time. I understand that I may change this election by completing a new Enrollment Form prior to the next Plan Entry Date.

Election to Revoke Participation Please discontinue my Salary Deferral Contributions to the Plan. I understand that I will be able to resume participation by completing a new Enrollment Form prior to the next Plan Entry Date.

I direct my new money to be invested in the funds selected below. I understand these investment directions will remain in effect until I direct new elections through the Plan's web site or voice response system.

Investment Elections

Fund Name	Amount to Traditional 403(b) (Per Pay Period)
AXA Equitable	
American Funds - R1 Investments	
American Funds - R4 Investments	
Ameriprise Financial Services	
Great American Insurance Group	
Horace Mann Insurance Co.	
Life Insurance Co. of the Southwest	
Lincoln Investment Planning	
MetLife	
Oppenheimer Funds	
Security Benefit	
Total	

Participant Name	Social Security No.
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By signing this Agreement, Employee agrees to modify his/her salary as indicated above and Employer agrees to contribute this amount on Employee's behalf into the 403(b) annuity(ies) or custodial account(s) selected by Employee and authorized by the Employer. It is intended that the requirements of all applicable state and federal tax rules and regulations (Applicable Law) will be met. Employee understands and agrees that this Agreement:

1. Is legally binding and irrevocable with respect to amounts paid or available while it is in effect; however, is effective only for amounts not yet earned or made available.
2. May be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new salary reduction agreement is submitted;

Employee further agrees that:

- In conjunction with his/her Employer, he/she is responsible for determining that his/her salary reduction amount does not exceed the limits of the Applicable Law;
- He/she is responsible for the accuracy of information provided by Employee, which is used in determining Employee's maximum annual contribution limit;
- Employer has no liability for any losses suffered by Employee that result from his/her participation in the 403(b) plan;
- He/she acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness or tax consequences of the purchase of the 403(b) plan. Nothing herein shall affect the terms of employment between Employer and Employee;
- This agreement supersedes all prior 403(b) salary reduction and/or deduction agreements and shall automatically terminate if employment with Employer is terminated.

Important Information

- Although Employer must authorize Service Providers, Employer does not choose the annuity contract(s) or custodial account(s) in which 403(b) contributions are invested.
- Employees are responsible for setting up and signing the legal documents to establish the annuity contract or custodial account, except for certain group annuity contracts under which Employer may be required to establish the contract.
- In order to receive the expected tax results, Employees are responsible for investing in annuity contracts or custodial accounts that meet the requirements of Section 403(b) of the Internal Revenue Code.
- Employees are responsible for naming a death beneficiary under the 403(b) plan. This is normally done at the time the annuity contract or custodial account is established. Beneficiary designations should be reviewed periodically.
- Employers are responsible for all distributions and any other transactions with the Service Provider. All rights under the annuity contracts or custodial accounts are enforceable solely by Employee, Employee's beneficiary or Employee's authorized representative. However Employer has certain responsibilities under the 403(b) Plan with respect to the integrity of the transactions for the Plan and may require an authorized representative from the Employer (or their Designee) to approve any requested transaction by Employees. Employee must cooperate directly with Service Provider, Employer, or their Designee, as directed by Employer to transfer contract(s) or custodial account(s) to another Service Provider, begin distributions, make loans, exchanges or otherwise access 403(b) plan assets.
- Employees are responsible for determining that salary reductions do not exceed the allowable contribution limits under Applicable Law.

Participant Name	Social Security No.
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EMPLOYEE SIGNATURE

Check here if you control another consulting or other business or company.

I understand that all rights under the annuity(s) or custodial accounts established by me under the 403(b) plan are enforceable solely by me, my beneficiary or my authorized representative. I also understand that no later than January 1, 2009, my Employer will have a 403(b) Plan in place that will require my Employer, or their designee to authorize certain distributions and loans, and that it will not be solely my responsibility to authorize such transactions. By signing this Agreement, I authorize any Service Provider, or their delegee to provide information on my Account to Employer or another Service Provider if such information is necessary for compliance purposes or to effectuate such transactions as I may request.

SIGNATURES

Under penalties of perjury, I certify that the above information (including my social security number) is correct and I am an employee of the Employer. I also: (1) acknowledge receipt of the current prospectus; (2) agree to promptly give Instructions to the Sponsor necessary to enable the Custodian to carry out its duties under the Group Custodial Agreement; (3) represent that whenever information as to any taxable year is required to be filed with the Internal Revenue Service, the individual will file such information with Internal Revenue Service unless filed by the Custodian; (4) accept responsibility for computing the annual Exclusion Allowance and the limitations on Elective Deferrals under the Internal Revenue Code; and (5) acknowledge that this Group Custodial Agreement operates in conjunction with the Employer's 403(b) Plan document. I hereby agree to participate in the 403(b)(7) Group Custodial Account offered by the Custodian. I acknowledge receipt of a copy of the custodial account document under which this 403(b)(7) Group Custodial Account is established, and a copy of this Participation Agreement. I direct that my contribution be invested as indicated on my enrollment form, and I direct that all benefits upon my death be paid as indicated above. In the event that this is a rollover contribution, the undersigned hereby irrevocably elects, pursuant to the requirements of Section 1.402(a)(5)-1T of the IRS regulations, to treat this contribution as a rollover contribution.

Sponsor: PenServ Plan Services, Inc.

Participant Signature: _____ Date: _____

Employer Name Town of Barnstable 403(b) Plan