Participant Enrollment Form

Products and financial services provided by
AMERICAN UNITED LIFE INSURANCE COMPANY®
a **OneAmerica®** *company*
One American Square, P.O. Box 6011
Indianapolis, IN 46206-6011
1-800-249-6269

ONEAMERICA®

Plan Information

Plan Number G38794 Division _____

Plan Name City of Snellville Employee Retirement Plan

Participant Information

First Name | M.I. | Last Name

Social Security (or Taxpayer ID) Number | ☐ M ☐ F Gender | Date of Birth

Street Address

Street Address

City | State | Zip Code

Telephone Number (including area code) | E-mail Address | ☐ Work ☐ Personal

Employment Information

To be completed by the Employer for Employer Sponsored Plans or by the Participant for Voluntary 403(b), 457(b), or IRA plans.

Date of Hire | Date of Rehire

Participant Election

[ ] I authorize my employer to reduce my compensation by [redacted]$____ as a **pre-tax** deferral to the Plan.

[ ] I elect **NOT** to make contributions. I understand that I may be entitled to employer contributions or forfeiture reallocations, if applicable, as permitted by the Plan.

Information for Participant

1. The election made in the **"Participant Election"** section of this form applies until changed by you. Elections can be changed by logging into your secure account at *www.oneamerica.com* or by contacting your plan representative. The effective date of your election will be determined by your employer and is dependent upon Plan document provisions.
2. If allowed and if you are eligible to make catch-up contributions, any of your elective deferrals that exceed either the elective deferral dollar limit (the Internal Revenue Code (Code) section 402(g) limit), the annual additions limit (the Code section 415 limit), the plan's deferral limit, or the Actual Deferral Percentage (ADP) limit shall be treated as catch-up contributions, up to the applicable catch-up contributions limit for the calendar year.
3. For any calendar year that you make elective deferrals to a retirement plan sponsored by an unrelated employer as well as to this Plan, you are responsible for determining if you have exceeded the Code section 402(g) limit in effect for such taxable (calendar) year.
4. Contributions received on your behalf will be directed based on elections selected by you, if your employer is not directing the investment of your contributions, by logging into your secure account at *www.oneamerica.com,* by completing an **"Investment Option Election Form"** (R-20089), or by calling 1-800-249-6269.
5. If you do not select investment options through one of the means mentioned above, if your employer is not directing the investment of your contributions, contributions received on your behalf will be directed to the applicable default investment option. It is your responsibility to log into your secure account at *www.oneamerica.com* or to call 1-800-249-6269 to transfer contributions to other available investment options.

Additional plan-specific provisions or limitations may apply. Please refer to your summary plan description (SPD) or contact your plan representative for assistance.

Participant Acknowledgement and Signature

I understand that (1) if I am a participant in a 403(b) or a 457 plan that restrictions on distributions may apply as set forth in Section 403(b)(11) or Section 457 of the Internal Revenue Code; (2) I have a duty to review my pay records (pay stub, etc.) to confirm that my election is implemented by my employer as requested under the **"Participant Election"** section of this form.

I also understand that (1) tax-qualified retirement plans from American United Life Insurance Company® (AUL) are funded by an AUL group annuity contract; (2) while a participant in an annuity contract may benefit from additional investment and annuity-related benefits under the annuity contract, any tax deferral is provided by the Plan and not the annuity contract; and (3) this material must be preceded by or accompanied by the **"State Specific Fraud Warning Notices for Retirement Services"** (R-20402) form.

Under penalties of perjury, by signing the below, I hereby certify (1) that the Social Security (or Taxpayer ID) Number provided under the **"Participant Information"** section of this form is correct; and (2) that I am not subject to backup withholding because (a) I have not been notified that I am subject to backup withholding as a result of a failure to report interest and dividends, or (b) the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

NOTE: The IRS does not require your consent to any portions of this document other than certifications required to avoid backup withholding.

Do you own existing in-force life insurance or annuities? [ ] Yes [ ] No

Does this annuity replace, discontinue or change any existing insurance or an annuity? [ ] Yes [ ] No

_____ _____

Participant Signature *Date*

(if applicable) ***OneAmerica Securities, Inc. Broker/Dealer Firm:*** **Please send this signed completed form and the New Account Form (I-23383) to OneAmerica Securities, Inc.**

Please make a copy of this form for your records and return the original to your plan representative.