

Savings Form

TheStandard®

Diocese of Pittsburgh 403(b) Plan

#808226

Sign up now! Simply complete the information below to begin saving in your retirement plan. *Return the completed form to Benefits Office.*

YOUR INFORMATION

Social Security Number	Last Name	First Name	
Mailing Address	City	State	ZIP
Date of Birth (mm/dd/yy)	Date of Hire (mm/dd/yy)	Email Address	Phone

HOW MUCH DO YOU WANT TO SAVE?

Pre-Tax Savings (Check One)

Unless you direct otherwise, your employer will deduct 2% from your earnings as a pre-tax contribution to your retirement savings account and these contributions will be invested in the Plan's default investment option.

The smallest amount you can contribute is 1% of your compensation. The most you can save during 2019 is \$19,000 (\$25,000 if you are age 50 or older). Other plan or legal limits may also apply. If you wish to opt out from being automatically enrolled, note 0 as your contribution amount.

I elect to contribute as pre-tax contributions:

☐ _____ %

☐ No pre-tax amounts at this time. I elect to opt out of pre-tax contributions and understand I can enroll at a later time.

AUTHORIZATION

I authorize my employer and the plan administrator to deduct from my earnings the amounts determined by the designation above and to forward such amounts to the plan. I also direct my employer and the plan administrator to implement any other instructions I have provided on this form. I have read the Disclosure Statement on this form and, by signing here, agree to be bound by its terms. The employer, trustees and any others concerned with the administration of the plan are entitled to rely on these instructions; each shall be fully protected in taking or omitting any action under any provisions of the plan in reliance on this information.

Signature _____

Date _____

NEXT STEPS

Please return the completed form to your human resources department. When you submit this completed form, your employer will make your contribution request at the first opportunity allowed under the plan, assuming that you are eligible to participate.

This form will override any changes previously made using The Standard's automated phone system or online via Personal Savings Center.

To make changes to your contribution amount after you have enrolled, please complete a new Savings Form, available from your human resources department.

Visit www.standard.com/retirement to access Personal Savings Center to manage your account or you can call a customer service representative at 800.858.5420.

To select how you want your money to be invested, please use the Investing Form.

DISCLOSURE STATEMENT

You must notify The Standard within 15 days of receipt of your quarterly account statement if an error occurred, or if you requested and confirmed an investment transfer or directive change that was not completed during the period covered by the statement. You may give notice by contacting a customer service representative at **800.858.5420** or by emailing **savings@standard.com**. Unless you give such notice, The Standard will not be liable for any resulting loss to your account. In any case, The Standard will not be liable if circumstances beyond its control prevent the transactions, or if its liability is otherwise limited by regulation or agreement.

The Standard is the marketing name for StanCorp Financial Group, Inc. and its subsidiaries. StanCorp Equities, Inc., member FINRA, wholesales a group annuity contract issued by Standard Insurance Company and a mutual fund trust platform for retirement plans. Third-party administrative services are provided by Standard Retirement Services, Inc. Investment advisory services are provided by StanCorp Investment Advisers, Inc., a registered investment advisor. StanCorp Equities, Inc., Standard Insurance Company, Standard Retirement Services, Inc. and StanCorp Investment Advisers, Inc. are subsidiaries of StanCorp Financial Group, Inc. and all are Oregon corporations.

Beneficiary Designation for Death Benefits Form

TheStandard[®]

Diocese of Pittsburgh 403(b) Plan
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See reverse for instructions and explanation.

PARTICIPANT Complete this section (and Spouse section, if necessary), and submit to your employer

Name of Participant

Social Security Number

Date of Birth

I have read the explanation on the back of this form. I understand that if I am married and die before I retire, my Plan Benefits will be paid to my spouse. However, I have the right to waive payment to my spouse as sole beneficiary, provided my spouse consents to the waiver. I can revoke this waiver at any time. This designation replaces any previous designation.

100% of the benefits will be paid to the Primary Beneficiary(ies). Contingent beneficiaries receive benefits only if all Primary Beneficiaries predecease you.

I designate as my beneficiary(ies) for benefits from this plan:

% of proceeds for Primary Beneficiaries must total 100%

Name of Primary Beneficiary (please print)		Social Security Number
Relationship	Date of Birth	% of Proceeds
Current Address		
Name of Primary Beneficiary (please print)		Social Security Number
Relationship	Date of Birth	% of Proceeds
Current Address		
Name of Primary Beneficiary (please print)		Social Security Number
Relationship	Date of Birth	% of Proceeds
Current Address		

% of proceeds for Contingent Beneficiaries must total 100%

Name of Contingent Beneficiary (please print)		Social Security Number
Relationship	Date of Birth	% of Proceeds
Current Address		
Name of Contingent Beneficiary (please print)		Social Security Number
Relationship	Date of Birth	% of Proceeds
Current Address		
Name of Contingent Beneficiary (please print)		Social Security Number
Relationship	Date of Birth	% of Proceeds
Current Address		

I am ☐ married ☐ unmarried

If I am married and have designated someone other than my spouse as my beneficiary, this designation will be effective only if my spouse consents to it by signing in the spouse section below.

X

Participant Signature

Date

Please complete additional information on the other side

SPOUSE

SPOUSE Complete this section if the participant designated a non-spouse beneficiary above. Your signature must be witnessed by a Plan Representative or Notary Public.

I have read the explanation below. I understand that my consent is irrevocable unless my spouse revokes that election.

I consent to the beneficiary designation made by the participant. I understand that if the participant dies prior to retirement, any benefits under the Plan will be paid to the designated beneficiary.

Name of Spouse (please print)

X _____
Signature of Plan Administrator or Notary Public

Date

X _____
Spouse Signature

Date

Title

PLAN REPRESENTATIVE Complete this section if there is no Spouse signature

I, _____, state that it has been established to my satisfaction that spousal consent to this election cannot be obtained because there is no spouse, the spouse cannot be located, or other circumstances make obtaining such spousal consent impossible.

X _____
Plan Representative Signature

Title

Date

INSTRUCTIONS

- Participant must complete the "Participant" Section, and if necessary, have his or her spouse complete the "Spouse" Section.
- The participant should then return the form to the employer who will complete the "Plan Representative" Section, if applicable, and keep the completed form on file for future reference.

EXPLANATION OF DEATH BENEFIT

MARRIED PARTICIPANTS

If you die before you retire, your retirement plan provides that any plan benefits to which you are entitled will be paid to your surviving spouse. Your surviving spouse is the spouse to whom you were married throughout the one-year period ending on your date of death.

However, if your spouse consents in writing, you may designate a beneficiary other than your spouse to receive the benefits. Your spouse's consent must be witnessed by the Plan Administrator or the Plan Administrator's representative or by a Notary Public.

You may not change your beneficiary designation without your spouse's written consent.

You may revoke your election at any time. To make a new election, you must again obtain your spouse's written consent.

UNMARRIED PARTICIPANTS

You may designate a beneficiary to receive any benefits to which you are entitled if you die before you retire.

If you marry after completing this form, your beneficiary designation election may no longer be valid and your spouse may be entitled to the benefits described above for married participants.

IF YOUR MARITAL STATUS CHANGES OR IF YOU HAVE ANY QUESTIONS ABOUT THIS EXPLANATION, PLEASE CONTACT THE PLAN ADMINISTRATOR.

Please keep a copy of this form for your records



The Standard®

Investing Form

Diocese of Pittsburgh 403(b) Plan

#808226

YOUR INFORMATION

Social Security Number	Last Name	First Name
Mailing Address	City	State ZIP
Date of Birth (mm/dd/yy)	Date of Hire (mm/dd/yy)	Email Address Phone

HOW DO YOU WANT TO INVEST YOUR CONTRIBUTIONS?

The Standard can help you manage your investments when you select a Guided Portfolio. You may create your own portfolio by completing the Independent section below. If you do not make a selection, your contributions will be invested in the plan's default fund(s).

You may change your investment instructions at any time by logging into www.standard.com/retirement or calling 800.858.5420. Complete only one subsection, not both.

Option 1: Guided Portfolios — Choose one of the Guided Portfolios below by checking the appropriate box. The allocation for each of these portfolios can be found on the reverse side of this form.

<input type="checkbox"/> Conservative	<input type="checkbox"/> Moderately Conservative	<input type="checkbox"/> Moderate
<input type="checkbox"/> Moderately Aggressive	<input type="checkbox"/> Aggressive	

Option 2: Independent — Select your own combination of investments by entering whole percentages below. Please be sure that your selections total 100 percent. The minimum for any investment is 1 percent.

1. Signifies a scheduled fund termination that will occur in the next 120 days. 2. Redemption fee may apply to short term investments.

___ % Standard Stable Asset A	___ % Catholic Investor Core Bd ²	___ % Metropolitan West TotRe Bd I
___ % Templeton Global Bond Adv	___ % T.Rowe Price Retire Bal I	___ % T.Rowe Price Retire I 2015 I
___ % T.Rowe Price Retire I 2020 I	___ % T.Rowe Price Retire I 2025 I	___ % T.Rowe Price Retire I 2030 I
___ % T.Rowe Price Retire I 2035 I	___ % T.Rowe Price Retire I 2040 I	___ % T.Rowe Price Retire I 2045 I
___ % T.Rowe Price Retire I 2050 I	___ % T.Rowe Price Retire I 2055 I	___ % T.Rowe Price Retire I 2060 I
___ % Vanguard Balanced Index Adm	___ % Virtus Ceredex LCV Equity R6	___ % Vanguard 500 Index Adm
___ % MFS Growth R6	___ % Wells Fargo Spec MdCp Val R6	___ % Ave Maria Rising Dividend
___ % Vanguard Mid Cap Index Adm	___ % JPMorgan Mid Cap Value L	___ % Hartford MidCap R6
___ % Goldman Sachs Sm Cp Val Inst	___ % Vanguard Small Cap Index Adm	___ % Catholic Investor Sm Cp I ²
___ % T.Rowe Price New Horizons	___ % American Funds New Prspct R6	___ % Hartford Intl Opportun R6
___ % Templeton Inst Fgn SmCo Sr A	___ % JPMorgan High Yield R6	
100% Total		

AUTOMATIC REBALANCER

Check a box below to select the Automatic Rebalancer service for your account. If you select this service, your account assets will be rebalanced to match your investment directives at the time of rebalancing. Automatic Rebalancer will remain off if you do not make a selection below.

How often would you like your account rebalanced? ☐ Quarterly ☐ Semiannually ☐ Annually

AUTHORIZATION

I authorize my employer and the plan administrator to invest my savings as outlined on this form. I also direct my employer and the plan administrator to implement any other instructions I have provided on this form. I have read the Disclosure Statement on this form and, by signing here, agree to be bound by its terms. The employer, trustees and any others concerned with the administration of the plan are entitled to rely on these instructions; each shall be fully protected in taking or omitting any action under any provisions of the plan in reliance on this information.

Signature _____ Date _____

GUIDED PORTFOLIO DESCRIPTIONS

	Conservative	Moderately Conservative	Moderate	Moderately Aggressive	Aggressive
Cash Equivalent	30%	20%	10%	0%	0%
Standard Stable Asset A	30%	20%	10%	0%	0%
Bonds	50%	40%	30%	20%	0%
Metropolitan West TotRe Bd I	50%	40%	30%	20%	0%
Large-Cap Stocks	13%	26%	39%	52%	65%
Vanguard 500 Index Adm	7%	13%	19%	26%	33%
MFS Growth R6	3%	7%	10%	13%	16%
Virtus Ceredex LCV Equity R6	3%	6%	10%	13%	16%
Small-/Mid-Cap Stocks	4%	8%	12%	16%	20%
Hartford MidCap R6	1%	2%	3%	4%	5%
Wells Fargo Spec MdCp Val R6	1%	2%	3%	4%	5%
Goldman Sachs Sm Cp Val Inst	2%	4%	6%	8%	10%
International Stocks	3%	6%	9%	12%	15%
Hartford Intl Opportun R6	3%	6%	9%	12%	15%

NEXT STEPS

Your employer will forward the completed form to The Standard. This form will override any changes previously made using The Standard's automated phone system or online via Personal Savings Center.

The Standard will deem invalid any Investing Form that is completed incorrectly. Invalid forms include, but are not limited to, those containing: investment elections that do not total 100 percent, fractional investment election percentages, conflicting or contradictory elections, the selection of old investment options no longer available in the plan, illegible, incomplete or unsigned forms. If an Investing Form is deemed to be invalid, any contributions received will be invested in the plan's default fund. The Standard will notify by letter any participant whose investment elections have been defaulted with instructions on how they can make changes to their investments.

For information about redemption fees that may apply to certain funds signified by the second footnote, please contact The Standard at 800.858.5420.

Visit www.standard.com/retirement to access Personal Savings Center to manage your account or call a customer service representative at 800.858.5420.

To select the amount you wish to save, please use the Savings Form.

DISCLOSURE STATEMENT

You must notify The Standard within 15 days of receipt of your quarterly account statement of any errors or if you requested and confirmed an investment transfer or directive change that was not completed during the period covered by the statement. You may give notice by contacting a customer service representative at **800.858.5420** or by emailing savings@standard.com. Unless you give such notice, The Standard will not be liable for any resulting loss to your account. In any case, The Standard will not be liable if circumstances beyond its control prevent the transaction or if its liability is otherwise limited by regulation or agreement.

The Standard is the marketing name for StanCorp Financial Group, Inc. and its subsidiaries. StanCorp Equities, Inc., member FINRA, wholesales a group annuity contract issued by Standard Insurance Company and a mutual fund trust platform for retirement plans. Third-party administrative services are provided by Standard Retirement Services, Inc. Investment advisory services are provided by StanCorp Investment Advisers, Inc., a registered investment advisor. StanCorp Equities, Inc., Standard Insurance Company, Standard Retirement Services, Inc. and StanCorp Investment Advisers, Inc. are subsidiaries of StanCorp Financial Group, Inc. and all are Oregon corporations.



TheStandard[®]

Application for Rollover Form

Diocese of Pittsburgh 403(b) Plan

#808226

Note: Contact your prior retirement plan provider to initiate your rollover distribution to The Standard.

See reverse for instructions on completing this form

PARTICIPANT INFORMATION

PARTICIPANT NAME: <i>(please print)</i>	SOCIAL SECURITY NUMBER:
EMAIL ADDRESS:	DAYTIME PHONE NUMBER (REQUIRED):

ROLLOVER CONTRIBUTION INFORMATION

I request the plan administrator accept my rollover based on the following information.

Name of distributing plan or IRA custodian: _____

The requested rollover represents an eligible rollover distribution from a (check one option):

- a. ☐ Qualified retirement plan
- b. ☐ 403(b) plan (from prior employer)
- c. ☐ Governmental 457(b) plan
- d. ☐ Traditional IRA (After-tax contributions are not eligible for rollover. Only money that otherwise would be includible in gross income is eligible.)

Note: Roth IRAs cannot be rolled into this plan.

PARTICIPANT'S SIGNATURE

I hereby certify to the best of my knowledge that the rollover contribution made to this plan is eligible for rollover. Distributions eligible for rollover into this plan include: distributions from a 401(a), 401(k), 403(b), governmental 457(b) plans, an IRA, a Roth 401(k), or a Roth 403(b) plan. If my distribution includes after-tax amounts, I understand that those amounts can only be rolled over if my plan accepts such contributions and if I provide information related to the cost basis of those amounts. I understand that if this rollover is accepted, it will be directed to investments based on my contribution directives in place at the time the rollover is received by The Standard. If I do not have directives in place, the rollover will be placed into the plan's default investment option.

PARTICIPANT SIGNATURE:	DATE:
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AUTHORIZED SIGNER ACCEPTANCE (To be completed by your Plan Administrator)

As an authorized representative of the Diocese of Pittsburgh 403(b) Plan, I certify I have investigated the rollover requested. I certify that the rollover information provided is true and correct and that I am an authorized representative of the retirement plan.

As The Standard is designated as the Manager of the Approval Process (MAP), you DO NOT need to sign this form. By signing this authorization request, you will be responsible for the oversight and authorization of this transaction.

NAME AND TITLE: *(printed)*

SIGNATURE:	DATE:
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INSTRUCTIONS FOR SUBMITTING FORM

Email form to: Rolloverforms@standard.com

or Fax form to: 971.321.7998

or Mail form to:

Standard Retirement Services, Inc., Unit 92

FBO: (Participant's Name)

PO Box 4500

Portland OR 97208-4500

Attention: Plan No.: 808226

Plan Name: Diocese of Pittsburgh 403(b) Plan

Custodian Account No.: 0155868227

INSTRUCTIONS FOR MAILING CHECK

Instruct prior provider to mail check to:

Reliance Trust Company

1100 Abernathy Road NE

Building 500, Suite 400

Atlanta, GA, 30328-5634

Plan Name: Diocese of Pittsburgh 403(b) Plan

Custodian Account No.: 0155868227

Note: The check must be made payable to the custodian as listed above. If the check is payable to you, please endorse as: Payable to (Custodian listed above).

Application for Rollover Form

Complete the application by following the steps below. If you have any questions, please call a customer service representative at 800.858.5420 for assistance.

- o **Contact your prior retirement plan provider to initiate your rollover distribution to The Standard**
- o Complete the **Participant Information** section on the form with your current information
- o Complete **Rollover Contribution Information** Section- see below
- o **Participant's Signature:** Sign and date the form
- o After completing the above sections on this form, have your current Plan Administrator fill out the **Authorized Signer Acceptance** section
- o Submit the completed Application for Rollover form by email, fax or mail. See the instructions on the front side of the form. **Please do not submit duplicate requests.**

ROLLOVER CONTRIBUTION INFORMATION

Please fill in the following information so The Standard can accept and process your rollover funds.

This information can be found by contacting your prior retirement plan service provider or by looking at your prior plan statements.

- Name of distributing plan or IRA custodian. Provide the name of the custodian that is currently holding your funds.
- Check the type of plan the rollover funds are coming from. The funds may be from a qualified retirement plan, a tax-sheltered annuity (403b) plan, a governmental (457) plan, or an IRA.

Please note: The plan administrator reserves the right to require reasonable evidence that your distribution is from a source allowed by the plan.

AUTHORIZED SIGNER ACCEPTANCE (To be completed by your Plan Administrator)

- Review your Plan Document to ensure the requested rollover can be accepted. More detailed instructions may be found in the Administration Guide available on our PlanNet® website.
- If the rollover request is acceptable, sign and date the form in the Authorized Signer Box.
- Please provide a copy of the completed form to the employee.
- Email, Fax, or mail a completed copy to The Standard. See front of form for information.

PLEASE NOTE:

- If the distribution check was made payable to you, the rollover funds and a check for any taxes withheld from your eligible distribution, must be received by The Standard within 60 days of the date on the distribution check.
- Certain types of distributions are not eligible for rollover, including: required minimum distributions (on or after age 70 ½), non-taxable payments (after-tax contributions) from IRAs, Roth IRAs, periodic payments for your life or for a period of 10 years or more and hardship withdrawals.
- A rollover check that is received at The Standard will be returned if a completed Application for Rollover is not received within 30 business days.
- The Application for Rollover will be returned to the employer/participant, if rollover assets are not received within 30 business days of receiving the rollover form.