

PART B: PLAN VENDOR SCHEDULE

This Schedule may be amended from time to time and must be completed and executed by the Employer. Complete multiple pages if necessary.

Please note the following procedures for Transfer/Exchanges:

- The minimum amount for Transfers/Exchanges shall be \$0 (*the default shall be \$0*).
- Exchanges will be permitted between all Approved Vendors in section I and from Deselected Vendors in section II unless otherwise restricted. Please specify any restrictions here: _____.
- Transfers are permitted at any time unless restricted as follows: _____.

I. LIST OF APPROVED VENDORS

These Vendors are authorized to receive ongoing contributions and incoming Transfers and Exchanges (unless restricted above) from Approved Vendors and Deselected Vendors.

Name of Vendor	Address	Contact Person	Phone and Email	Funding Vehicle	
				Custodial Agreement	Annuity Contract
403bASP Aspire Financial			866-634-5873	<input type="checkbox"/>	<input type="checkbox"/>
Ameriprise Financial Services			800-862-7919	<input type="checkbox"/>	<input type="checkbox"/>
ESI Education Minnesota			877-403-2374	<input type="checkbox"/>	<input type="checkbox"/>
Franklin Templeton			800-527-2020	<input type="checkbox"/>	<input type="checkbox"/>
Horace Mann			800-999-1030	<input type="checkbox"/>	<input type="checkbox"/>
Thrivent Financial			800-847-4836	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Fidelity			888-285-4402	<input type="checkbox"/>	<input type="checkbox"/>

II. LIST OF DESELECTED VENDORS

Exchanges will be permitted from section II Vendors to section I Vendors. However, section II Vendors may not receive Exchanges and Transfers and the assets are not available for Participant Loans and Hardship Distributions unless other procedures apply; specify: _____.

Name of Vendor	Address	Contact Person	Phone and Email	Funding Vehicle	
				Custodial Agreement	Annuity Contract
American Funds				<input type="checkbox"/>	<input type="checkbox"/>
Linsco				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Employer Name: **Goodhue County Ed District ISD #6051**

Effective Date of Plan Vendor Schedule: Immediate; or on _____, 20____.

Note: The Plan Vendor Schedule is no longer a part of the 403(b) Plan document. Employers may therefore change the investment providers without completing a new Adoption Agreement.