



TSA SALARY REDUCTION AGREEMENT

457(b), 403(b) and Roth 403(b)

Instructions	The Salary Reduction Agreement is to be used to establish or change the dollar amount that you want to have deducted from your paycheck as contributions to your selected investment company(s). PLEASE SUBMIT THE ORIGINAL TO THE BENEFITS DEPARTMENT.		
Employee Information	Participant Name		Social Security Number
	School District		Home Phone Number
	Participant Mailing Address <small>(Street)</small>		E-mail Address
	Date of Birth <small>(City, ST, Zip)</small>		Number of Pay Periods Per Year <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Purpose	<input type="checkbox"/> I want to STOP CONTRIBUTION to my current provider Effective Date: _____ <input type="checkbox"/> I want to BEGIN CONTRIBUTIONS or RESUME CONTRIBUTIONS Effective Date: _____ <input type="checkbox"/> I want to CHANGE FUTURE CONTRIBUTION AMOUNTS and/or PROVIDER Effective Date: _____		
457(b)	<input type="checkbox"/> I hereby agree to reduce my eligible salary or wages on each pay period by \$ _____ and direct my Employer to contribute this amount on my behalf to the investments options I have selected under the Fringe Benefits Consortium Empower 457(b) account.		
403(b)	<input type="checkbox"/> I hereby agree to reduce my eligible salary or wages each pay period by the amount(s) specified below and direct my Employer to contribute this amount on my behalf to my 403(b) account(s) to the investment company(s) specified below:		
	Vendor Name	Code #	VIN #
			Dollar Amount
			\$
			\$
		\$	
		\$	
Roth 403(b)	<input type="checkbox"/> I hereby agree to reduce my eligible salary or wages on an after tax basis each pay period by \$ _____ and direct my Employer to contribute this amount on my behalf to the investment options I have selected under the <input type="checkbox"/> Empower Roth 403(b) account or <input type="checkbox"/> Fidelity Direct Roth 403(b) account.		
Employee Approval	<p>I understand and agree to the following:</p> <ul style="list-style-type: none"> a. this Salary Reduction Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect; b. this Salary Reduction Agreement may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent; and, c. this Salary Reduction Agreement may be changed with respect to amounts not yet paid or available. <p>Nothing herein shall affect the terms of employment between the Employer and me. This agreement supersedes all prior Salary Reduction Agreements and shall automatically terminate if my employment is terminated.</p> <p>I understand that I may not contribute an amount which will exceed the annual additions limitation under Code Section 415 or permit excess elective deferrals under Code Section 402(g).</p> <p>In the event that I exceed my maximum contribution limit to my FBC Empower 457(b) Plan, I authorize any excess contribution to be made into my FBC Empower 403(b) plan or vice versa.</p> <p>I understand that the provisions of the <i>457(b), 403(b), and Roth 403(b) Estimated Maximum Contribution Worksheet</i>, Employer policy statement, and other enrollment information are legally binding and are incorporated herein by reference.</p> <p>I understand that by making this application the release of my confidential information to third parties may occur as necessary to administer the Plan in accordance with the Internal Revenue Code.</p> <p>I understand that as compensation for general plan administration and compliance services, National Benefit Services, LLC receives \$2.00 per month for each employee making a salary deferral to the plan. This fee is invoiced to the employee's investment provider(s).</p>		
	Employee Signature X		Date
Employer Approval	Approved By District	Input Date	Paycheck Date

Upon completion, submit the original form to the District Benefits Office.