

Important Notice

Before you sign: Read the important information on the reverse side of this form. For each employee who contributes more than \$19,500 per year, South Washington County Schools requires a verification of limits to be done before the request will be processed.

Part 1. Employee Information:

Employee Name: _____ Last 4 digits of Social Security #: _____
 Employee Address: _____ Phone #: _____
 Bargaining Group: Teacher Principal Maintenance Nutrition Services Bus Drivers / Asst
 Bus Mechanics DOSS Tier Kids Club Supv Other _____

Part 2. Contribution Information: (Select all that apply & complete amounts in part 3)

New salary reduction and/or district match amount **Effective Date:*** _____
 Change salary reduction amount and/or district match amount
 Discontinue TSA salary reduction with the following Service Provider(s): _____
 Employee's deductions (this tax year) to all 403b plans or all 457 plans are expected to exceed \$19,500/year.
 Employee is over age 50 and planning to deduct an additional \$6,500 in the current calendar year
Employee's Birth Date: _____

(Maximum payroll deduction amounts are limited to the basic limit plus additional allowances for over age 50)

- Requests are accepted any time from September 1st – May 31st. Requests received over the summer will be held until September 1st.
- Completed Salary Reduction Agreement forms must be received during the current payroll otherwise they will be held until the following payroll.

Part 3. Service Provider Information:

Vendor	DEDUCTION**		EMPLOYER MATCH***
	Per Payday	or Annual 1/1-12/31	Annual 1/1-12/31
<input type="checkbox"/> AXA Equitable (403b plan)			
<input type="checkbox"/> Ameriprise Financial (403b plan)			
<input type="checkbox"/> Economic Services Inc (403b plan)			
<input type="checkbox"/> Primerica Financial Services (403b plan)			
<input type="checkbox"/> 403b Aspire (open platform 403b plan)			
<input type="checkbox"/> MN State Deferred Comp (457plan)			

**Deduction amount listed here will override previous election.

***Eligibility for a district match is based on your employment / union contract. Verify eligibility for the match before requesting it. If your employment /union contract has a monthly maximum, employer match will be prorated from receipt through end of calendar year.

Part 4. Agreement:

The above named Employee agrees to modify his/her salary as indicated above. Employer agrees to contribute this amount on Employee's behalf into the annuity or custodial accounts selected by Employee. It is intended that the requirements of all applicable state or federal income tax rules and regulations (Applicable Law) will be met. The Employee understands and agrees to the following:

- 1) This Salary Reduction Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect;
- 2) 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 remains in effect until a new Salary Reduction agreement is submitted; and
- 3) This Salary Reduction agreement may be changed with respect to amounts not yet paid or available in accordance with the Employer's administrative procedures.

Employee is responsible for determining that the salary reduction does not exceed the limits as set forth in Applicable Law. Furthermore, Employee agrees to indemnify and hold Employer harmless against any and all actions, claims and demands whatsoever that may arise from the purchase of annuities or custodial accounts. Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness, or tax consequences of the purchase of the annuity and/or custodial account described herein. Employee agrees Employer shall have no liability whatsoever for any and all losses suffered by Employee with regard to his/her selection of the annuity and or custodial account; its terms; the selection of the insurance company or regulated investment company; the financial condition, operation of or benefits provided by said insurance company or regulated investment company; or his/her selection and purchase of shares of regulated investment companies. Nothing herein shall automatically terminate if Employee's employment is terminated.

Important Information

- 1) Employer maintains a list of the 5 approved vendors and a 403b master plan document per federal regulations. Employer does not choose the actual annuity contract or custodial account in which your contributions are invested.
- 2) Employees are responsible for setting up and signing the legal documents to establish your annuity contract or custodial account.
- 3) 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.
- 4) Employees are responsible for naming a death beneficiary under annuity contracts or custodial accounts. This is normally done at the time the contract or account is established. Beneficiary designations should be reviewed periodically.
- 5) Employees are responsible for determining that salary reductions do not exceed the allowable contribution limits under Applicable Law. Employees are strongly encouraged to have a maximum exclusion calculation performed by the chosen Service Provider.
- 6) District match amounts are not automatically implemented or increased when eligible. Employees are responsible for requesting the match amount for which they are eligible based on their collective bargaining agreement or letter of assignment. The annual employer match is earned on a monthly basis and divided equally among paydays. It cannot be contributed up front even if the deduction amount is large enough to accommodate this.

Part 5. Employee Signature

I certify that I have read this complete agreement and that my salary reductions do not exceed contribution limits as determined by Applicable Law. I understand my responsibilities as an Employee under this program, and I request that Employer take the action specified in this agreement. I understand that all rights under the annuity or custodial account established by me under the Program are enforceable solely by me, my beneficiary, or my authorized representative.

Employee Signature: _____ Date: _____

Part 6. Acknowledgement and Representation of Financial Advisor / Investment Representative:

Completion of Part 6 is required for all new salary reductions

(*NOTE: If no financial advisor/ investment rep is working on behalf of the employee, the employee should include the acct # and sign this section.)

Please confirm that the employee's account is set up and active by providing the contract **account number**: _____

The account *must* be set up with the investment company before any payroll deductions can be processed.

I agree to comply with all pertinent written directives regarding the solicitation of Employees. I will provide a limit calculation for each employee who contributes more than \$19,500 annually. Furthermore, I agree to indemnify and hold harmless the Employer, any individual member of the governing board and the Employee participating in the 403(b) Program against any claims based on an error in the limit calculation that I provided, except where the error is based upon erroneous information provided by Employer or Employee.

Investment Advisor Name: _____ Phone #: _____
(Please print)

Address: _____

Signature: _____

Submit form and limit calculation (if applicable) to:

South Washington County Schools ISD #833
Attention: HR-Benefits - DSC
7362 E Point Douglas Rd S
Cottage Grove MN 55016