

ROOSEVELT SCHOOL DISTRICT NO. 66
Salary Reduction Agreement
403(b), 457(b), Roth 403(b)

IMPORTANT NOTICE TO EMPLOYEE: An active account must be established with vendor(s) one pay period in advance. The district does not sponsor, endorse, or promote any of the investment vendors. You are responsible for your selection of vendor(s), investment(s), and any other matter pertaining to your 403(b), 457(b), and/or Roth 403(b).

I. Plan Type	<input type="checkbox"/> 403(b)	<input type="checkbox"/> 457(b)	<input type="checkbox"/> Roth 403(b)
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II. Employee Information	NAME: _____	SSN _____	BIRTH DATE: _____
	ADDRESS: _____	CITY: _____	STATE: _____
	ZIP: _____	TELEPHONE: _____	EMAIL: _____

III. Requested Action	<input type="checkbox"/> New Agreement. EFFECTIVE DATE: _____
	<input type="checkbox"/> Change my existing Salary Reduction Agreement. EFFECTIVE DATE: _____
	<input type="checkbox"/> Stop current contributions. EFFECTIVE DATE: _____
	<input type="checkbox"/> Termination Pay. One time reduction from Termination Pay in the amount of \$ _____

IV. Contribution Amount and Vendor Selection	I wish to contribute \$ _____ per pay to the vendor selected below:
	<input type="checkbox"/> VALIC <input type="checkbox"/> Met-Life <input type="checkbox"/> The Hartford / Edward Jones
	<input type="checkbox"/> ING <input type="checkbox"/> Security Benefit
	Please note: This contribution rate equates to approximately _____ annually; spread over 27 payrolls.

V. Employee Signature	I understand and agree by executing this agreement my employer shall reduce my compensation each pay period by the amount designated in Section IV above and remit that amount to the vendor selected in Section IV. I understand and agree to the following:
	<ol style="list-style-type: none"> 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 termination request is permanent and remains in effect until a new Salary Reduction Agreement is submitted; 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; and 4. This Salary Reduction Agreement supersedes all prior Salary Reduction Agreements.
	I understand that I may not contribute an amount which will exceed the maximum annual contribution limit under Code Section 415(c)(1) and 402(g) of the Internal Revenue Service Code.
	I understand that by signing this agreement the release of confidential information to a third party administrator may occur to administer the Plan in accordance with the Internal Revenue Code.
	EMPLOYEE SIGNATURE _____ DATE: _____

PLAN ADMINISTRATOR SIGNATURE _____	DATE: _____
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