

MARYSVILLE SCHOOL DISTRICT NO 25
4220 80TH STREET NE, MARYSVILLE, WA 98270-3498

PAYROLL OFFICE

AUTHORIZATION FOR RETIREMENT ANNUITY REDUCTION AGREEMENT

BEFORE YOU SIGN: Read the important information on the reverse side of this form. Each Employee who initiates or changes contributions to a 403(b) program shall, at such time, provide the Employer with a copy of his/her maximum exclusion allowance (MEA) as calculated by the Employee's chosen annuity or custodial account provider or any other party acceptable to the Employer.

PART 1. EMPLOYEE INFORMATION:

Name (Please Print) Social Security Number

Street Address or P. O. Box Number City, State, Zip Code

PART 2. CONTRIBUTION INFORMATION: (Select all that apply)

- Initiate new salary reduction:**
Please deduct the amount of \$ _____ per pay period.
Service Provider: _____
- Change salary reduction:**
This is notification to change the amount of my TSA salary reduction from \$ _____ to \$ _____.
- Change Service Provider:**
This is notification to change my Service Provider (indicate amounts in Part 3)
From _____ To _____.
- Discontinue my salary reduction**
Please discontinue my TSA salary reduction with the following Service Provider:
_____.

PART 3. 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 the 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 amount(s) not yet paid or available in accordance with the Employer's administrative procedures.

PART 4. EMPLOYEE RESPONSIBILITY:

Employee is responsible for determining that the salary reduction amount does not exceed the limits as set forth in Applicable Law. 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 for Employees in amounts in excess of contribution limits as defined under Applicable Law except where an MEA was calculated by Service Provider based on accurate information provided by Employee.

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 affect the terms of employment between Employer and Employee. This agreement supersedes all prior reduction agreements and shall automatically terminate if Employee's employment is terminated.

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 my beneficiary, my authorized representative, or me.

Employee Signature

Date

FOR SALES AGENT/REPRESENTATIVE COMPLETION

PART 6. ACKNOWLEDGEMENT AND REPRESENTATION OF SALES AGENT/REPRESENTATIVE:

I agree to comply with all pertinent written directives regarding the solicitation of Employees.

Sales Agent/Representative Name (Please Print)

Address

Signature

Phone

Date

PART 7. EMPLOYER SIGNATURE:

Employer's Signature

Title

Date

IMPORTANT INFORMATION

1. Employer does not choose the 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 their annuity contract or custodial account. However, in certain group annuity contracts, the Employer is required to establish the contract.
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 all distributions and any other transactions with Service Provider. All rights under contracts or accounts are enforceable solely by Employee, Employee beneficiary or Employee's authorized representative. Employee must deal directly with Service Provider to make loans, transfer to different contracts or custodial accounts begin distributions or any other transactions.
6. Employees are responsible for determining that salary reductions do not exceed the allowable contribution limits under Applicable Law.