

Member School Districts:
Albany, Melrose,
Paynesville and Sauk Centre



Program Oversight:
Early Intervention,
Beacon and ALC

403b Salary Reduction Agreement
(Complete this form for INITIAL 403b Set- Up only)

Employee Name: _____ SS#: _____

Designated Vendor: _____ Account #: _____

Designated amount to be withheld per pay period: _____
(Certified has 24 pay periods; Non-certified has 18 pay periods)

Amount of Employer match per year: _____

In executing this Agreement, I understand:

This form must be completed and received by ISD 743 by September 15 for initial salary reduction.

My employer will contribute to the 403b account on my behalf the amount by which I have reduced my compensation under this agreement (my elective deferral contributions)

My employer will contribute to the 403b account on my behalf the appropriate designated matching amount per handbook agreements.

My elective deferral contributions are not subject to federal (or state, if applicable) income taxes until distribution from the plan, but my deferral contributions are subject to Social Security taxes. My employer will deduct from my remaining compensation my Social Security tax liability on my elective deferral contributions.

This agreement will be effective only as specified in the WCED Staff Handbook.

Salary reduction will continue until I revoke this Agreement by providing my employer with at least 30 days advanced notice of revocation.

The reduction will not begin until my employer is notified by my Vendor of said action. **Salary Reduction Agreement for 403(b)/403(b) Roth/457 TSA with Match Form MUST be included.**

Signature of Employee: _____ Date: _____

Acknowledgement of receipt of Agreement on behalf of ISD 743: Date: _____

Acknowledgement of receipt of Vendor authorization: Date: _____

Our mission is to maximize every student's educational experience by providing high quality services to students, families, and member districts.

903 State Road, Sauk Centre, MN 56378 * 320-352-2284 x4100 * wced6026.org * 320-352-3404 (fax)

Salary Reduction Agreement for 403(b)/403(b) Roth/457 TSA with Match

Independent School District

Part 1. Employee Information (please print)

Name _____ Social Security # _____ Birth Date _____

Pay periods per year _____ Requested Start _____ Bargaining Group _____
Date _____

Part 2. Contribution Information (fill in all that apply.)

Salary Reduction				Service Provider (See list of allowed TSA companies)	Employee Salary Reduction Amount/Percent Per Pay Period	Contribution Annualized Salary Reduction Amount	Employer Match	
Type	New	Change	Stop				Employer Match/Percent per Pay Period	Annualized Employer Match
403(b)								
403(b)								
403(b) Roth								
403(b) Totals								
457								
457								
Grand Totals								

Part 3. Catch Up Provisions

If you are contributing more than the basic limit to a 403(b), 403(b) Roth and/or 457, you must be using one (or both) of the following:

I am contributing \$ _____ using the 15-years service election. (Attach documentation).

I am contributing \$ _____ using the Age 50 and older catch up election.

Part 4. Agreement

By signing this Agreement, Employee agrees to modify his/her salary as indicated above and Employer agrees to contribute this amount on Employee's behalf into the 403(b)/403 Roth/457 annuity(ies) or custodial account(s) selected by the Employee. It is intended that the requirements of all applicable state and federal tax rules and regulations (Applicable Law) will be met. The Employee understands and agrees that this Agreement:

1. Is legally binding and irrevocable with respect to amounts paid or available while it is in effect;
2. 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;
3. Is effective only for amounts not yet earned or made available in accordance with the Employer's administrative procedures.

Employee further agrees that:

He/she is responsible for determining that his/her salary reduction amount does not exceed the limits of the Applicable Law;

He/she is responsible for the accuracy of the information provided by Employee, which is used in determining Employee's Maximum Annual Contribution limit; and Employer has no liability for any losses suffered by Employee that resulted from his/her participation in the 403(b)/403(b) Roth/457 program.

Employee acknowledges that Employer has made no representation to Employee regarding advisability, appropriateness or tax consequences of the purchase of the 403(b) program. Nothing herein shall affect the terms of employment between Employer and Employee.

This agreement supersedes all prior salary reduction agreements and shall automatically terminate if your employment with the Employer is terminated.

Note: Your employer's administrative policies will determine when 403(b)/403(b) Roth/457 salary reduction instructions are implemented

Important Information

1. Employer does not choose the annuity contract(s) or custodial account(s) in which contributions are invested.
2. Employees are responsible for setting up and signing the legal documents to establish the annuity contract or custodial account. However, in certain group annuity contracts, Employer may be 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)/403(b)/457 in the Internal Revenue Code.
4. Employees are responsible for naming a death benefit under the 403(b)/403(b) Roth/457 program. This is normally done at the time the annuity contract or custodial account is established. Beneficiary designations should be reviewed periodically.
5. Employees are responsible for all distributions and any other transactions with their service provider. All rights under the annuity contracts or custodial accounts are enforceable solely by the Employee, Employee Beneficiary or Employee's Authorized Representative. Employee must work directly with the service provider to transfer contract(s) or custodial accounts(s) to another service provider, begin distributions, make loans, or otherwise access 403(b)/403(b) Roth/457 program assets.
6. Employees are responsible for determining that salary reductions do not exceed the allowable contribution limits under Applicable Law. Limits should be checked each year for the scheduled increases through 2006.

Read Before You Sign:

By signing this Agreement, you are declaring that the amount you have elected to withhold does not exceed the allowable contribution limits under Applicable Law. If selected in Part 2 above, you are declaring that you are eligible for one or both of the catch up elections as indicated. And you are accepting full responsibility for the amount you have elected to have withheld from your salary and contributed to the 403(b)/403(b) Roth/457 arrangement.

Disclaimer – Other Fees:

If an investment company does not agree to pay the third party administrator's fee associated with this employer's 403(b) Plan the fee, upon consent of the employer, shall be passed along to the 403(b) participant. This fee equates to .60 cents per participant per month.

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 also certify that I am eligible for the catch up election(s), if selected, under Part 2 above. I understand my responsibilities as an Employee under the 403(b)/403(b) Roth/457 programs, and I request Employer to take the action specified in this Agreement. I understand that all rights under annuity (ies) or custodial account(s) established by me under the 403(b)/403(b) Roth/457 program are enforceable only by me, my beneficiary or my authorized representative.

Employee Signature

Date

Part 6. Acknowledgement and Representative of Sales Agent/Representative

I hereby acknowledge my responsibility to comply with Employer's written directives regarding solicitation of Employees. I also acknowledge my responsibility to assist the Employee in determining the maximum contribution limits.

Sales Agent/Representative (please print clearly)

Phone

Address

Signature

Date

Part 7. Employer Signature

Employer hereby agrees to this Salary Reduction Agreement.

Signature of Employer Representative

Date

Date Received in HR

Date Received in Payroll

Appendix 1 - Approved Vendors

West Central Education District

Only to be completed if Employer has elected to permit exchanges and transfers with vendors who are currently authorized to maintain an active 403(b) payroll slot with the Employer.
(Question 7)

Important: If the UVA box has been checked that vendor may accept transfers/exchanges from the District's Participants. If the UVA box has not been checked that vendor shall not receive transfers/exchanges from Participants.

Name of Organization	Contact Person	Telephone #	UVA
403bASP (ASpire Financial)			<input checked="" type="checkbox"/>
Ameriprise Financial Services, Inc.			<input checked="" type="checkbox"/>
Equitable			<input checked="" type="checkbox"/>
ESI Education Minnesota			<input checked="" type="checkbox"/>
Horace Mann Life Insurance			<input checked="" type="checkbox"/>
Thrivent Financial for Lutherans			<input checked="" type="checkbox"/>

As UVAs are signed by the vendors and submitted to EBC this Appendix will be updated.

Wednesday, April 27, 2011

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