



Salary Reduction Agreement Tax Sheltered Annuity Plans 403(b) and 457 Plans

Employee Name _____ Employee# _____ Date _____ Effective Date _____

The following agreement is made between the employee stated above and Jordan School District #717, the employer:

- Plan participation and the salary reduction herein authorized will continue from year to year unless terminated by written request.
- An eligible employee may only enroll in this plan 30 days from initial hire and during the open enrollment period of July 1st
- To qualify for the District matching contribution, the employee must meet the eligibility requirements as outlined in the applicable contract.
- Employee contribution must equal or exceed the amount of the District matching contributions. An amount equal to the matching contributions must be directed to the same plan as the matching contributions.

The appropriate district match will be applied as defined in your collective bargaining agreement, contract, or personnel policy.

Check the appropriate box/boxes below and fill in the percentage you wish to contribute.

Enroll	Change	Stop	Company	Employee Salary Reduction Amount Per Pay Check	Contribution Annualized Salary Reduction Amount
			Ameriprise Financial Services, Inc.		
			Equitable		
			ESI Education Minnesota		
			Fidelity		
			Forester's Financial		
			Franklin Templeton		
			Great West Life & Annuity		
			Horace Mann Life Insurance		
			Minnesota Deferred Comp (457)		
			Modern Woodmen of America		
			New York Life Insurance Company		
			Orchard Trust (457) (No UVA Required for 457 Contributions)		
			Thrivent Financial		
			VALIC		
			VOYA		

I certify that I have read this complete agreement and that my salary reductions do not exceed contribution limits as determined applicable by law. I understand my responsibilities as an employee under this program and I request that Jordan School District #717 take the actions 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. I understand and agree that it is my obligation to determine the annual limit on the amount that I may contribute to my 403(b) annuity, 403 (b) (7) arrangement, or 457 plan and that such limit must be calculated pursuant to the applicable provisions of the Internal Revenue Code. I also understand and agree that it is solely my responsibility to request information and assistance from the company providing my annual contribution limit calculations, as set forth under the Internal Revenue code in its regulations. I am solely responsible for any adverse tax consequences, including penalties and interest and hereby agree to indemnify Jordan School District #717 from any adverse tax consequences, including penalties and interest, as a result of contributions in excess of Internal Revenue Code Limitations.

Employee Signature _____ Date _____ Social Security Number _____

I certify that I have reviewed with this employee his/her Maximum Contribution allowed under the applicable Internal Revenue Code and its regulations, including this employee's Maximum Exclusionary Allowance under 403 (b) or 457 limits. I agree to comply with the provisions of applicable law governing the 403 (b) or 457 plan offered.

Agent's Signature _____ Company Name _____ Phone Number _____

(Required for New Enrollments Only)