

Catalina Foothills School District #16, Arizona
403(b) and 403(b)(7) Product Disclosure

prepared for

 (employee)

This disclosure statement must be completed by the provider and a copy given to the employee each time the employee executes an original salary reduction agreement (SRA) with Catalina Foothills School District #16. Representatives must also provide this completed form to the participant in the event that a new or additional investment product is selected by the participant. A signed copy of this disclosure must accompany the original salary reduction agreement when submitted to the Human Resources Department. Note: Participants utilizing direct mutual funds with no service representative should complete Section VIII and employee signature only.

(Not required for amendments to original SRA)

<p>I. Administration Data:</p> <p>A. Insurance Company or Mutual Fund: _____ Administrator or Custodian: _____ Company Address: _____ _____ Company Telephone: _____</p>	<p>B. Local Agent / Registered Representative: _____ Name of Local Firm: _____ Local Address: _____ _____ Local Telephone: _____</p>
<p>II. Product Type (please check one)</p> <p><input type="checkbox"/> Interest Annuity - Current rate _____ % Guaranteed rate _____ % <input type="checkbox"/> Equity Index Annuity <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Mutual Fund</p>	<p>IV. For Equity Index Annuities Only:</p> <p>Index Utilized: _____ Current Participation Rate _____%. (Min/Max _____%/_____%) Guaranteed Interest Rate: _____ % on _____ % of payments.</p>
<p>III. Fees or Charges associated with the Contract or Fund (complete applicable sections only)</p> <p>Annual Fee: \$ _____ or _____ % of _____ Custodial Fee: \$ _____ per _____. Front-end Sales Charge _____ % of each contribution. Registered Investment Advisor Fee \$ _____ per _____, or other _____ Annual Mortality and Expense Charge _____ % Loan Processing Fee \$ _____ Fee for Transfers between Funds or Sub-accounts \$ _____ Other _____ None for all above <input type="checkbox"/></p>	<p>V. Surrender Charges or Contingent Deferred Sales Charge (if applicable)</p> <p>Declining – _____ % beginning year one and reducing to 0% in year _____. Rolling – _____ % from the date of each contribution for _____ years. Other – _____ _____</p>
<p>VII. Replacement Vendor Information:</p> <p>Is this a replacement of a current provider? YES <input type="checkbox"/> NO <input type="checkbox"/> Previous Vendor: _____</p> <p>Transfer of Assets <input type="checkbox"/> Non-transfer of Assets <input type="checkbox"/></p> <p>If transferring, are there any surrender penalties or charges? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain: _____</p>	
<p>VIII. Sub-account, Index or Fund Investment Objective:</p> <div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; width: 150px; height: 50px; margin-right: 20px; display: flex; align-items: center; justify-content: center;"> Employee's Initials </div> <div> The investment options I have selected have been fully explained to me and are suitable to my retirement investment objectives and risk tolerance. Complete information concerning my investment options has been provided to me by the representative or company in the form of a current prospectus. </div> </div>	

The information disclosed above has been presented to my satisfaction by the undersigned representative or company, in addition to all required product information documents in connection with this account.

 Employee

 Representative

Date: _____

Date: _____