

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)**

**I. Administration Data:**

A. Insurance Company or Mutual Fund: \_\_\_\_\_  
Administrator or Custodian: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
\_\_\_\_\_  
Company Telephone: \_\_\_\_\_

B. Local Agent / Registered Representative: \_\_\_\_\_  
Name of Local Firm: \_\_\_\_\_  
Local Address: \_\_\_\_\_  
\_\_\_\_\_  
Local Telephone: \_\_\_\_\_

**II. Product Type** (please check one)

- ☐ Interest Annuity - Current rate \_\_\_\_\_ % Guaranteed rate \_\_\_\_\_ %  
☐ Equity Index Annuity  
☐ Variable Annuity  
☐ Mutual Fund

**IV. For Equity Index Annuities Only:**

Index Utilized: \_\_\_\_\_  
Current Participation Rate \_\_\_\_\_ %. (Min/Max \_\_\_\_\_ %/\_\_\_\_\_ %)  
Guaranteed Interest Rate: \_\_\_\_\_ % on \_\_\_\_\_ % of payments.

**III. Fees or Charges associated with the Contract or Fund**  
(complete applicable sections only )

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 ☐

**V. Surrender Charges or Contingent Deferred Sales Charge**  
(if applicable)

Declining – \_\_\_\_\_ % beginning year one and reducing to 0% in year \_\_\_\_\_.  
Rolling – \_\_\_\_\_ % from the date of each contribution for \_\_\_\_\_ years.  
Other – \_\_\_\_\_  
\_\_\_\_\_

**VI. Loan Provisions:**

Are participant loans available from this account ? YES ☐ NO ☐  
If yes, how many times per year? \_\_\_\_\_  
Minimum loan available: \$ \_\_\_\_\_  
Current Loan Interest Rate \_\_\_\_\_ %  
If variable, loan interest is based on \_\_\_\_\_

**VII. Replacement Vendor Information:**

Is this a replacement of a current provider? YES ☐ NO ☐ Previous Vendor: \_\_\_\_\_  
Transfer of Assets ☐ Non-transfer of Assets ☐  
If transferring, are there any surrender penalties or charges? YES ☐ NO ☐ If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
Employee's Initials

**VIII. Sub-account, Index or Fund Investment Objective:**

\_\_\_\_\_  
Employee's Initials

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.

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: \_\_\_\_\_