Nogales Unified School district #1, Az Payroll Reduction Authorization for 403(b) Annuity Contract or 403(b)(7) Custodial Account

Name of Company

No Load Account (No agent signature or Product Disclosure Form Required)

Employee's Name	Social Security N	Social Security Number	
Work Location	Position		
Original Agreement			
With respect to services rendered by the Employee h compensation for such services shall be reduced by:	nereafter, the Employer	and the Employee h	nereby agree the Employee's
Equal amounts of \$, 20 per pay period beginning the, 20 pay period.			
The amount elected above shall result in a total ANNUAL F Employer agrees that it will remit the amount of such reduc by the Company listed above.			
Amendment Agreement - Type of Change De	esired		
Increase from \$ per pay period t	o \$beginr	ing the	, 20 pay period.
Decrease from \$ per pay period to	\$beginni	ng the	, 20 pay period.
Suspend—Name of Company			
Effective Date of Change	, 20		
I have read the above and understand the proposed char results in decrease or elimination of reduction under the <u>40</u> ; future unless it falls within the allowable limits for that year. Terminal Pay at Retirement or Termination			
\Box One time reduction from Terminal Day $\hat{\mathbf{r}}$			
One-time reduction from Terminal Pay Total from Terminal Pay			
The Employee expressly understands and agrees that if th applicable taxes), no reduction will be made and the entire a			ount due to the Employee (less
This Agreement shall be legally binding and irrevocable with re Agreement shall be effective only with respect to amounts not exceed the Employee's statutory limits under Section 402(g) or salary reduction to all Companies to which salary reduction con the Company listed above, provided that the Employee has requested reduction. In the event that the calculations provided the District's calculation shall prevail.	t yet earned at the time of the limitation of Section 415 htributions can be made. It sufficient earnings during t	said termination. It is p of the Internal Revenue is understood that the a he immediately precedir	rovided that this reduction does no Code. This limits the total allowable mount specified will be forwarded to ng pay period to accommodate the
I hereby authorize my Employer to reduce or suspend any cor would exceed my Maximum Allowable Contribution in any calen		is agreement, if in its op	pinion, the total annual contributions
The Employee is responsible for the accuracy of the excludable salary reduction in this agreement, or any other violation of the the Employee.			
It is the intent of the parties that the non-forfeitable retirement Federal Income Tax benefits provided for in Section 403(b) of th be in writing to the Employer and becomes effective upon t	ne Internal Revenue Code o	f 1954, as amended. An	y change to this Agreement mus
This Agreement may be terminated by either the Employer or E as applicable.	-		
Effective Date of this Agreement		, 20	
		Negative 11/2011	Cohool district #4 AZ
AGENT / REPRESENTATIVE NAME AGENT/REPRES	SENTATIVE PHONE NUMBER	Nogales Unified	School district #1, AZ
EMPLOYEE		EMPLOYI	 ER

Dated _

____ , 20 ____

_____, 20 ____

Dated _