

Tucson Unified School District, Arizona

Participation Agreement for Internal Revenue Code Section 457(b) Deferred Compensation Program

Please Print or Type Legibly

Page 1 of 2

1	Employee Name	
	Employee Email Address	Work Location
	Mailing Address	
	Your Salary Reduction Agreement will apply to all paychecks issued by TUSD.	

2									
Employee I.D. Number									
Employee Social Security Number									

3 Original Agreement or Amendment to a Previous Agreement or Unused Sick Leave Payout or Service Stipend

4	Reduction Amount [List all companies and salary reductions requested whether new or existing.] <small>IMPORTANT: Read instructions on page 2 of this form.</small>	<small>If effective payroll date is blank, changes will take effect the next processing period after date of receipt of this form by TSACG.</small>																																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Company Name</th> <th rowspan="2">Payroll Slot Number</th> <th colspan="2">Salary Reduction Amount</th> <th rowspan="2">Effective Payroll Date (New account or amendment -)</th> <th rowspan="2">Terminate Reduction</th> </tr> <tr> <th>(Percentage)</th> <th>OR (Dollar Amount)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="2">The total amount of contributions to all providers</td> <td> </td> <td> </td> <td>for each pay period.</td> <td> </td> </tr> </tbody> </table>	Company Name	Payroll Slot Number	Salary Reduction Amount		Effective Payroll Date (New account or amendment -)	Terminate Reduction	(Percentage)	OR (Dollar Amount)						<input type="checkbox"/>						<input type="checkbox"/>						<input type="checkbox"/>	The total amount of contributions to all providers				for each pay period.		
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NOTICE: Any SRA accounts not listed will be automatically terminated.																																		

The undersigned hereby agrees to the terms and conditions of the Tucson Unified School District Deferred Compensation Plan ("Plan") as such Plan now exists or is hereinafter amended and a copy of the Plan has been made available to them. This election shall continue until the undersigned makes a subsequent election as provided by the Plan.

I (the Employee) understand and agree to the following:

My deferrals cannot begin sooner than the month following Participation Agreement approval. My accumulated deferrals will be held in trust for the exclusive benefit of participants and their beneficiaries until paid to me under the rules of the Plan. I realize I may not assign or transfer my rights under the Plan.

I am responsible for the accuracy of the excludable amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary reduction in this agreement, or any other violation of the requirement of IRS Code Section 457 could result in additional taxes, interest, and penalties to the Employee.

I hereby authorize my Employer to reduce or suspend any deferrals established by this agreement, if in its opinion, the total annual deferral would exceed the maximum allowable limit in any calendar year. Should my deferral exceed the maximum limit, I authorize my Employer to disallow deferral of the excess amount and direct these amounts to be refunded to me.

Release of Liability - The Employee agrees that the Employer and its agents shall have no liability whatsoever for any and all losses suffered by me with regard to my selection of the annuity and/or custodial account, its terms, the selection of the insurance company, custodian, or regulated company, or my selection and purchase of shares of regulated investment companies.

Earnings, if any, will be applied to my accumulated deferrals in accordance with the Company and product I have selected. Neither the Employer, nor Trustees, nor agencies of the Employer shall be liable for the performance of the Companies or products selected by the Employee.

Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of this Agreement by Employee and Employer.

This Agreement may be terminated by either the Employer or Employee upon thirty (30) days notice to the Company and to the Employer or Employee as applicable.

5

AGENT/REPRESENTATIVE (IF APPLICABLE) — PRINT NAME

AGENT/REP PHONE

PLAN ADMINISTRATOR ACCEPTANCE OF AGREEMENT/ CONTRACT

6

EMPLOYEE TELEPHONE NUMBER

I agree with the terms above:

EMPLOYEE SIGNATURE

7

Mail or fax your SRA form to:
TSA Administration Services
Attn: SRA Processing Dept.
P.O. Box 4037
Fort Walton Beach, FL 32549
Fax: 1-866-908-7582 or
E-mail: srprocessing@tsacg.com

SRA is not valid if "Effective Payroll Date" in Section 4 is more than 90 days from the "Date of this Agreement" in Section 7.

Employees must establish an account with an authorized 457(b) investment provider PRIOR to completing this form

Employee Instructions:

1. Complete the Employee sections regarding "Name," "Email Address," "Mailing Address" and "Work Location." Select the number of payrolls* that you, the employee, receive during a calendar year. *Deductions are withheld for 9 ½ / 10 month employees during the summer if you participate in Summer Pay (ENP) and do not cancel your deductions at least one pay period prior to the ENP processing; please call Benefits or Payroll for the due date.
2. Enter your "I.D. Number" and/or "Social Security Number" in the boxes provided.
3. Mark the box that corresponds with the type of SRA your are submitting: "Original Agreement" or "Amendment to a Previous Agreement."
4. (a) Enter the info for ALL your new and/or existing accounts (you may have only one account or multiple accounts).
 NOTICE: Any SRA accounts not listed will be automatically terminated.
 (b) In addition to entering the company name, the employee and/or agent **MUST** fill in the correct corresponding Assigned Payroll Slot Code on the SRA (list available with this SRA or online at https://www.tsacg.com/employee_site/forms/arizona/tucson_forms.htm).
 (c) Enter the salary reduction amount (dollar amount OR percentage) you wish to be withheld from your payroll.
 (d) Enter the month or payroll date that you wish your elections (new account or amendment) to be effective.
 (i) If effective payroll date is blank, changes will take effect the next processing period after date of receipt of this form by TSACG.
 (e) If this SRA is being submitted to terminate a current salary reduction, please list the company name to be terminated and indicate "Terminate Reduction" in the space provided (check box).
 (f) Total the dollar amount for all contributions, and enter the total in the box provided.
5. Complete this section for unused sick leave payout only.
6. Provide agent name and telephone number, if applicable.
7. Sign and date the agreement. Please provide a telephone number where you can be reached during business hours.
8. Mail the completed original signed agreement to TSA Administration Services, Attn: SRA Processing Dept., P.O. Box 4037, Fort Walton Beach, FL 32549 or fax the completed form to 1-866-908-7582.

The employer, Tucson Unified School District, will apply and remit the salary reduction documented on page 1 of this SRA form to TSA Consulting Group, Inc. The administrator is providing remittance and administration services for voluntary retirement plans for TUSD.

PRIVACY - The administrator shall take all reasonable precautions to prevent disclosure or use of the information for a purpose unrelated to administration of the plan.

The administrator shall disclose information described only:

- (a) in response to a court order;
- (b) for an examination conducted by the commissioner of insurance;
- (c) for an IRS audit or investigation;
- (d) to or at the request of the insurer or plan sponsor; or
- (e) with the written consent of the identified individual or his or her legal representative.

Tucson USD, AZ (2019-2020)	
SRA Deadline for Employee	PAYROLL DATE (PAYDATE)
7/10/2019	7/19/2019
7/24/2019	8/2/2019
8/7/2019	8/16/2019
8/21/2019	8/30/2019
9/4/2019	9/13/2019
9/18/2019	9/27/2019
10/2/2019	10/11/2019
10/16/2019	10/25/2019
10/30/2019	11/8/2019
11/13/2019	11/22/2019
11/27/2019	12/6/2019
12/11/2019	12/20/2019
12/25/2019	1/3/2020
1/8/2020	1/17/2020
1/22/2020	1/31/2020
2/5/2020	2/14/2020
2/19/2020	2/28/2020
3/4/2020	3/13/2020
3/18/2020	3/27/2020
4/1/2020	4/10/2020
4/15/2020	4/24/2020
4/29/2020	5/8/2020
5/13/2020	5/22/2020
5/27/2020	6/5/2020
6/10/2020	6/19/2020
6/24/2020	7/3/2020
7/8/2020	7/17/2020

Last payroll in April: Deadline to make changes to Summer Pay Checks (Alternate Pay)