

School District of DeSoto County
403(b)/403(b)(7) and 457(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 a new salary reduction agreement (SRA) with the **School District of DeSoto County**. A signed copy of this disclosure must accompany each original salary reduction agreement when submitted to the **Benefits/Insurance Department**.
(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) 403(b) Product Type 457(b) Product Type <input type="checkbox"/> Interest Annuity <input type="checkbox"/> Interest Annuity Current rate ___ % Guaranteed rate ___ % Current rate ___ % Guaranteed rate ___ % <input type="checkbox"/> Equity Index Annuity <input type="checkbox"/> Equity Index Annuity <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Mutual Fund <input type="checkbox"/> Mutual Fund <input type="checkbox"/> <input type="checkbox"/> Credit Share Account	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 <input type="checkbox"/>	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 – _____ _____
VII. Replacement Vendor Information: Is this a replacement of a current provider? YES <input type="checkbox"/> NO <input type="checkbox"/> Previous Vendor: _____ Transfer of Assets <input type="checkbox"/> Non-transfer of Assets <input type="checkbox"/> If transferring, are there any surrender penalties or charges? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain: _____	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto; display: flex; align-items: center; justify-content: center;">Employee's Initials</div>
VIII. Sub-account, Index or Fund Investment Objective: <div style="border: 1px solid black; width: 100px; height: 30px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">Employee's Initials</div> <p>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.</p>	

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

Employee
Date: _____

Representative
Date: _____