## The School District of Escambia County, FL Salary Reduction Agreement for ROTH 403(b) Annuity Contract or Custodial Account

Name of Company:		

Annuity Contract of Custodial Account	•
Employee's Name	Social Security Number
Work Location	Position
☐ Original ROTH Agreement	
With respect to services rendered by the Employee hereafter services shall be reduced by:	, the Employer and the Employee hereby agree the Employee's compensation for such
☐ Equal amounts of \$	per pay period beginning the, 20 pay period.
	DEDUCTION not to exceed the maximum allowable contribution calculation as stated of such reduction for the ROTH 403(b) annuity or custodial account offered by the
☐ Amendment ROTH Agreement - Type of Cha	ange Desired
☐ Increase from \$ per pay period to \$_	beginning the, 20 pay period.
Decrease from \$ per pay period to \$_	beginning the, 20 pay period.
☐ For TERMINAL LEAVE PAYOUT, deduct ☐ \$	or Maximum Amount possible up to \$ after payment of 401(a) Employer Contribution.
Suspend—Name of Company	
Effective Date of Change or Suspension	, 20
I have read the above and understand the proposed change decrease or elimination of deduction under the ROTH 403(b falls within the guidelines established by the Internal Revenue	. I hereby request that such change be effected. I realize that if the change results in program, that this reduction or elimination cannot be "made up" in the future unless it Code of 1986, as amended.
shall be effective only with respect to amounts not yet earned at the under Section 402(g) or the limitation of Section 415 of the Internal deduction contributions can be made. This Agreement should be at by the employee and company representative. It is understood the	act to amounts earned while the Agreement is in effect, and any termination of this Agreement time of said termination. It is provided that this deduction does not exceed the Employee's limits Revenue Code. This limits the total allowable salary reduction to all Companies to which salary companied by the Maximum Allowable Contribution calculation for the current tax year, signed at the amount specified will be forwarded to the Company listed above. In the event that the provided by the company / representative, the District's calculation shall prevail.
I hereby authorize my Employer to reduce or suspend any contribut my Maximum Allowable Contribution in any calendar year.	ions established by this agreement, if in its opinion, the total annual contributions would exceed
	amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary at of Section 403(b) could result in additional taxes, interests, and penalties to the Employee.
	red annuity or custodial contract pursuant to this Agreement shall qualify for the Federal Income e Code of 1986, as amended. Any change to this Agreement must be in writing to the reement by Employee and Employer.
This Agreement may be terminated by either the Employer or Enapplicable.	mployee upon thirty (30) days notice to the Company and to the Employer or Employee as
Effective Date of this Agreement	, 20 The School District of Escambia County, FL
AGENT / REPRESENTATIVE NAME Agent's Phone	AGENT / REPRESENTATIVE SIGNATURE
EMPLOYEE SIGNATURE	EMPLOYER SIGNATURE