

The School District of Lee County
457(b) 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 Lee County. A signed copy of this disclosure must accompany each original salary reduction agreement when submitted to the Insurance and Benefits Department of The School District of Lee County.

(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)

- Fixed 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:

 Employee's Initials

Is this a replacement of a current vendor? YES NO Current Vendor: _____
 Transfer of Assets Non-transfer of Assets
 If transferring, are there any surrender penalties or charges? YES NO If yes, please explain: _____

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, in addition to all required product information documents in connection with this account.

 Employee Signature

 Agent/Representative Signature

 Agent/Representative Name

 Phone Number

Date: _____ 20____

Date: _____ 20____