

Polk County Public Schools Solicitation Agreement

*403(b), 403(b)(7) and/or 457(b) Rules of Solicitation
Authorized Investment Provider Representatives*

I _____ (name of Representative/Advisor) acknowledge the Polk County Public Schools (the "District") Rules of Solicitation and agree to abide by the rules stated below. I have verified the company/companies I represent is/are an authorized investment provider for the District.

SECTION I – RULES AND PROCEDURES

Representative/Advisor must sign the Rules of Solicitation Agreement and file with the District prior to working with employees of the District.

Any Representative/Advisor working in the District must be listed as a representative/advisor with at least one of the companies on the authorized investment provider list.

A list of representatives that will be offering 403(b) and/or 457(b) products in the district must be submitted.

Representative/Advisor is responsible for updating the District of any changes in company/companies represented and any change in business contact information such as address, email and phone contact.

Representative/Advisor will not utilize the District email system relative to 403(b), 403(b)(7) and/or 457(b) investment products.

Interference in any way with employees' daily period of service will not be tolerated. Representatives may meet with their clients either before or after school hours. When meeting with employees on campus during non-school hours, representatives/advisors are required to check into the office prior to any meetings with employees.

All marketing materials used for meetings and solicitation must be submitted to the business office for approval prior to being provided to any employees.

SECTION II – INVESTMENT PROVIDERS REPRESENTED

Please list the authorized company/companies you represent in the space provided below. If additional space is needed, please attached a separate sheet of paper and attach to this agreement. **Please list only authorized providers of the Polk County Public Schools which you represent.** Please type or print legibly.

Name of 403(b)/403(b)(7) Provider

Name of 403(b)/403(b)(7) Provider

Name of 403(b)/403(b)(7) Provider

Solicitation Agreement (cont.)

SECTION III – REPRESENTATIVE/ADVISOR CONTACT INFORMATION

Please type or print legibly

Name (print) _____

Title _____

Mailing Address _____

Telephone _____

Email _____

Alternative Telephone _____

State Insurance License # _____ FINRA CRD # _____

SECTION IV - DISCLOSURE

This agreement supersedes all prior solicitation agreements between the Representative/Advisor and the District. This agreement may be modified, amended or terminated by the District as deemed necessary.

Failure to follow the solicitation rules may result in immediate termination of this agreement and the removal of that individual from the authorized investment provider representative listing. Furthermore, the Representative/Advisor who violates these rules may become an unauthorized representative/advisor and may not solicit business in the District until further notice and/or reinstatement.

I do hereby understand and accept the rules and procedures for solicitations in Signature of Representative/Advisor

Date Signed ____ / ____ / _____

Return this completed form to the District:

Rebecca Crotteau

1905 S. Floral Ave

Bartow, FL 33830

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e. Rebecca.crotteau@polk-fl.net