Pa	chmond-Burton Community High School District 157, rticipation Agreement for Internal Revenue Cod- ction 457(b) Deferred Compensation Program		Name of Compan	y - 457(b) Pro	oduct Provider
Employee Name			Social Security Number		
Wo	ork Location	Position			
	Original Agreement				
Wi	th respect to services rendered by the Employee hempensation for such services shall be reduced by:	ereafter, the En	nployer and the Emp	loyee hereby	agree the Employee's
COI	Equal amounts of \$ per pa	ıy period beginni	ng the	, 20	_pay period.
	Amendment Agreement - Type of Change	Desired			
	Increase from \$ per pay period to \$_		beginning the	, 20	_pay period.
	Decrease from \$ per pay period to \$_		beginning the	, 20	pay period.
	Suspend-Name of Company		Effective Da	te of Suspensi	on, 20
	I have read the above and understand the proposed change decrease or elimination of reduction under the 457(b) Deferred future unless it falls within the guidelines established by the Int	d Compensation p	rogram, that this reduction	n or elimination of	
Pla the cor cus	e undersigned hereby agrees to the terms and conditions of the n ("Plan") as such Plan now exists or is hereinafter amended ar undersigned makes a subsequent election as provided by the stract or custodial arrangement for the benefit of the participant stodial arrangement is designated as the employer's 457 Deferre- the Employee) understand and agree to the following:	nd a copy of the Pl e Plan. The emplo without the signati	an has been made availa oyer hereby authorizes or ure of the employer provide	ble to them. This n the provider o	s election shall continue unto company to issue an annuity
•	deferrals cannot begin sooner than the month following Pa	articipation Agree	ment approval. My accu	mulated deferral	e will be held in truet by the
<b>Ric</b> of t	hmond-Burton Community High School District 157, IL for the Plan. I realize I may not assign or transfer my rights under the	he exclusive benef e Plan.	it of participants and their	beneficiaries un	til paid to me under the rule
I ar in t	n responsible for the accuracy of the excludable amounts stated he agreement, or any other violation of the requirement of IRS C	d in the Agreemen ode Section 457 c	t. Any overstatement of the ould result in additional ta	ne amounts excl exes, interest, an	udable as a salary reduction d penalties to the Employee
the	ereby authorize my Employer to reduce or suspend any deferral maximum allowable limit in any calendar year. Should my defer I direct these amounts to be refunded to me.	s established by the ral exceed the man	nis agreement, if in its op ximum limit, I authorize m	inion, the total a y Employer to di	nnual deferral would exceed sallow deferral of the excess
reg	lease of Liability - The Employee agrees that the Employer and ard to my selection of the annuity and/or custodial account, its ection and purchase of shares of regulated investment companies.	terms, the selection	nave no liability whatsoeven of the insurance compa	er for any and al any, custodian, c	ll losses suffered by me with or regulated company, or my
sig	e employer hereby authorizes the provider company to issue an nature of the employer provided that the owner of the annu- mpensation Plan.	n annuity contract ity contract or cu	or custodial arrangement stodial arrangement is d	for the benefit of esignated as the	of the participant without the e employer's 457 Deferred
	y change to this Agreement must be in writing to the Emplo ployer.	yer and becomes	effective upon the exec	cution of the Ag	reement by Employee and
	s Agreement may be terminated by either the Employer or Emplicable.	oloyee upon thirty(	30) days notice to the Co	mpany and to th	e Employer or Employee as
	signation of Beneficiary - The beneficiary for each annuity coordance with the terms of that specific contract or account.	ontract or certified	account to which contrib	outions are alloc	ated shall be determined in
	ective Date of this Agreement, 20, IL		Richmond-B	urton Commun	ity High School District
	AGENT/REPRESENTATIVE NAME		AGEN	T/REPRESENTAT	IVE PHONE
		Dve.			
	EMPLOYEE SIGNATURE	Бу		EPRESENTATIVE	SIGNATURE

, 20\_

DATED \_

DATED