Unified School District 430 south Brown County, KS Participation Agreement for Internal Revenue Code Section 457(b) Deferred Compensation Program	Name of Company - 457(b) Product Provider
Employee Name	Social Security Number
Work Location	Position
Original Agreement	
With respect to services rendered by the Employee hereafter, the Employer and the Employee hereby agree the Employee's compensation for such services shall be reduced by:	
Equal amounts of \$ per pay period	beginning the, 20pay period.
Amendment Agreement - Type of Change Desired	
Increase from \$ per pay period to \$	beginning the, 20pay period.
Decrease from \$ per pay period to \$	beginning the, 20 pay period.
SuspendNAME OF COMPANY	, Effective Date of Suspension, 20
The undersigned hereby agrees to the terms and conditions of the <b>Unified School District 430 south Brown County, KS</b> Deferred Compensation Plan ("Plan") as such Plan now exists or is hereinafter amended and a copy of the Plan has been made available to them This election shall continue until the undersigned makes a subsequent election as provided by the Plan. The employer hereby authorizes on the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the signature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employer's 457 Deferred Compensation Plan.	
I (the Employee) understand and agree to the following:	
My deferrals cannot begin sooner than the month following Participation Agreement approval. My accumulated deferrals will be held it trust by the <b>Unified School District 430 south Brown County</b> , <b>KS</b> for the exclusive benefit of participants and their beneficiaries untipaid to me under the rules of the Plan. I realize I may not assign or transfer my rights under the Plan.	
I am responsible for the accuracy of the excludable amounts stated in the Agreement. Any overstatement of the amounts excludable as a salary reduction in the agreement, or any other violation of the requirement of IRS Code Section 457 could result in additional taxes interest, and penalties to the Employee.	
I hereby authorize my Employer to reduce or suspend any deferrals established by this agreement, if in its opinion, the total annua deferral would exceed the maximum allowable limit in any calendar year. Should my deferral exceed the maximum limit, I authorize my Employer to disallow deferral of the excess and direct these amounts to be refunded to me.	
<b>Release of Liability -</b> The Employee agrees that the Employer and its agents shall have no liability whatsoever for any and all losses suffered by me with regard to my selection of the annuity and/or custodial account, its terms, the selection of the insurance company custodian, or regulated company, or my selection and purchase of shares of regulated investment companies.	
The employer hereby authorizes the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the signature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employer's 457 Deferred Compensation Plan.	
Any change to this Agreement must be in writing to the Employ by Employee and Employer.	yer and becomes effective upon the execution of the Agreemen
This Agreement may be terminated by either the Employer or Employer or Employee as applicable.	yee upon thirty(30) days notice to the Company and to the Employe
<b>Designation of Beneficiary -</b> The beneficiary for each annuity contract or certified account to which contributions are allocated shall be determined in accordance with the terms of that specific contract or account.	
Effective Date of this Agreement, 20	Unified School District 430 south Brown County, KS
AGENT/REPRESENTATIVE NAME	
	By:
EMPLOYEE SIGNATURE	EMPLOYER/REPRESENTATIVE SIGNATURE

DATED

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DATED