Sa	rand Area Schools, MI ary Reduction Authorization for 403(b) nuity Contract or 403(b)(7) Custodial Account		Name of Company - 403(b) Product Provider	
Employee Name			Social Security Number	
Work Location		Position	Position	
	Original Agreement			
1	respect to services rendered by the Employee hereafter, the Employee shall be reduced by:	loyer and the	the Employee hereby agree the Employee's compensation for such	
	Equal amounts of \$ per pay period beginning the		, 20 pay period.	
	The amount elected above shall result in a total ANNUAL REDUCTIC calculation. The Employer agrees that it will remit the amount of such offered by the Company listed above.	`	,	
	Amendment Agreement - Type of Change Desir	red		
	Increase from \$ per pay period to \$	beginning	ng the, 20pay period.	
	Decrease from \$ per pay period to \$	beginni	ning the, 20 pay period.	
	SuspendNAME OF COMPANY	Effe	ffective Date of Change, 20	
	I have read the above and understand the proposed change. I here decrease or elimination of reduction under the <u>403(b)</u> program, tha within the allowable limits for that year.	eby request t t this reducti	t that such change be effected. I realize that if the change results in ction or elimination cannot be "made up" in the future unless it falls	
Agree the redu Con redu	pement shall be effective only with respect to amounts not yet earned Employee's statutory limits under Section 402(g) or the limitation of iction to all Companies to which salary reduction contributions can spany listed above, provided that the Employee has sufficient earnin	at the time of Section 415 be made. It is during the	earned while the Agreement is in effect, and any termination of this e of said termination. It is provided that this reduction does not exceed 5 of the Internal Revenue Code. This limits the total allowable salar It is understood that the amount specified will be forwarded to the immediately preceding pay period to accommodate the requestion e calculations provided by the company / representative, the District	
	reby authorize my Employer to reduce or suspend any contributions e eed my Maximum Allowable Contribution in any calendar year.	stablished by	by this agreement, if in its opinion, the total annual contributions would	
sala	Employee is responsible for the accuracy of the excludable amount ry reduction in this agreement, or any other violation of the requirement ployee.	ts stated in t nt of Section	n this Agreement. Any overstatement of the amounts excludable as an 403(b) could result in additional taxes, interests, and penalties to the	
It is	the intent of the parties that the non-forfeitable retirement deferred an me Tax benefits provided for in Section 403(b) of the Internal Revenue	nuity or custo e Code.	stodial contract pursuant to this Agreement shall qualify for the Federa	
	change to this Agreement must be in writing to the Employer and	d becomes e	s effective upon the execution of this Agreement by Employee and	
	Agreement may be terminated by either the Employer or Employee cicable.	upon thirty (3	(30) days notice to the Company and to the Employer or Employee a	
Effe	ctive Date of this Agreement, 20		Durand Area Schools, MI	
	AGENT / REPRESENTATIVE NAME	_	AGENT / REPRESENTATIVE PHONE	
		By:		
	EMPLOYEE SIGNATURE	,	EMPLOYER SIGNATURE	

DATED

DATED