

**Galesburg-Augusta Community Schools, MI  
Payroll Reduction Authorization for 403(b)  
Annuity Contract or 403(b)(7) Custodial Account**

Name of Company—403(b) Product Provider

No Load Account (No Agent Signature Required)

Employee's 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 \_\_\_\_\_, 20 \_\_\_\_ pay period.

The amount elected above shall result in a total ANNUAL REDUCTION not to exceed the maximum allowable contribution calculation. The Employer agrees that it will remit the amount of such reduction for the 403(b) Tax Sheltered Annuity or 403(b)(7) custodial account offered

**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 Date of Change** \_\_\_\_\_, 20 \_\_\_\_

I have read the above and understand the proposed change. I hereby request that such change be effected. I realize that if the change results in decrease or elimination of reduction under the 403(b) T.S.A. program, that this reduction or elimination cannot be "made up" in the future unless it falls within the allowable limits for that year.

**Special Election Option**

Federal law does not permit Galesburg-Augusta Community Schools to offer a Section 403(b) tax-sheltered annuity contribution as a benefit under the Section 125 Plan. However, if you receive additional compensation for waiving health, dental and/or vision coverage, you may make a special election, outside the Plan, to contribute all or a portion of the additional compensation to a Section 403(b) tax-sheltered annuity. The contribution will be considered your own salary reduction contribution. The contribution will be deducted from your compensation in two equal installments on a before-tax basis (except for FICA and FUTA) as part of the Galesburg-Augusta Community Schools regular payroll system.

Please indicate what portion, if any, of additional compensation you receive for waiving health coverage you would like contributed to:

Section 403(b) tax-sheltered annuity \$ \_\_\_\_\_, or \_\_\_\_\_ %

This Agreement shall be legally binding and irrevocable with respect to amounts earned while the Agreement is in effect, and any termination of this Agreement shall be effective only with respect to amounts not yet earned at the time of said termination. It is provided that this reduction does not exceed the Employee's statutory limits under Section 402(g) or the limitation of Section 415 of the Internal Revenue Code. This limits the total allowable salary reduction to all Companies to which salary reduction contributions can be made. It is understood that the amount specified will be forwarded to the Company listed above, provided that the Employee has sufficient earnings during the immediately preceding pay period to accommodate the requested reduction. In the event that the calculations provided by the District are lower than the calculations provided by the company / representative, the District's calculation shall prevail.

I hereby authorize my Employer to reduce or suspend any contributions established by this agreement, if in its opinion, the total annual contributions would exceed my Maximum Allowable Contribution in any calendar year.

The Employee is responsible for the accuracy of the excludable amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary reduction in this agreement, or any other violation of the requirement of Section 403(b) could result in additional taxes, interests, and penalties to the Employee.

It is the intent of the parties that the non-forfeitable retirement deferred annuity or custodial contract pursuant to this Agreement shall qualify for the Federal Income Tax benefits provided for in Section 403(b) of the Internal Revenue Code of 1954, as amended. Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of this Agreement by Employee and Employer. **Agreement must be submitted within ten (10) business days before pay date effected.**

This Agreement may be terminated by either the Employer or Employee upon thirty (30) days notice to the Company and to the Employer or Employee as applicable.

**Effective Date of this Agreement** \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
AGENT / REPRESENTATIVE

Galesburg-Augusta Community Schools, MI

\_\_\_\_\_  
EMPLOYEE

\_\_\_\_\_  
EMPLOYER

Dated \_\_\_\_\_, 20 \_\_\_\_

Dated \_\_\_\_\_, 20 \_\_\_\_