Greenville Public Schools, MI Salary Reduction Authorization for 403(b) Annuity Contract or 403(b)(7) Custodial Account		Name of Company - 403(b) Product Provider
Employee Name	Social Secur	ty Number
Work Location	Position	
Original Agreement		
With respect to services rendered by the Employee hereafter, the Employee services shall be reduced by:	er and the l	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 REDUCTION no agrees that it will remit the amount of such reduction for the 403(b) Tax She above.		
Amendment Agreement - Type of Change Desired	t	
Increase from \$ per pay period to \$	beginning tl	ne, 20pay period.
Decrease from \$ per pay period to \$	beginning	the, 20 pay period.
SuspendNAME OF COMPANY	Effect	ive Date of Change, 20
I have read the above and understand the proposed change. I hereby decrease or elimination of reduction under the 403(b) T.S.A. program, falls within the allowable limits for that year.		
This Agreement shall be legally binding and irrevocable with respect to an Agreement shall be effective only with respect to amounts not yet earned at the Employee's statutory limits under Section 402(g) or the limitation of Sereduction to all Companies to which salary reduction contributions can be Company listed above, provided that the Employee has sufficient earnings reduction. In the event that the calculations provided by the Employer are Employer's calculation shall prevail.	the time of ction 415 of made. It is	said termination. It is provided that this reduction does not exceed the Internal Revenue Code. This limits the total allowable salar s understood that the amount specified will be forwarded to the
I hereby authorize my Employer to reduce or suspend any contributions esta exceed my Maximum Allowable Contribution in any calendar year.	blished by t	his agreement, if in its opinion, the total annual contributions would
Release of Liability - The Employee agrees that the Employer and its agen regard to my selection of the annuity and/or custodial account, its terms, the regulated investment companies.	ts shall hav selection of	e no liability whatsoever for any and all losses suffered by me with the insurance company, or my selection and pruchase of shares of
The Employee is responsible for the accuracy of the excludable amounts salary reduction in this agreement, or any other violation of the requirement comployee.	stated in thi	s Agreement. Any overstatement of the amounts excludable as a 03(b) could result in additional taxes, interests, and penalties to the
It is the intent of the parties that the non-forfeitable retirement deferred annui Income Tax benefits provided for in Section 403(b) of the Internal Revenue Co	ty or custod ode.	ial contract pursuant to this Agreement shall qualify for the Federa
Any change to this Agreement must be in writing to the Employer and b Employer.	ecomes eff	ective upon the execution of this Agreement by Employee and
This Agreement may be terminated by either the Employer or Employee upo applicable.	n thirty (30)	days notice to the Company and to the Employer or Employee as
Effective Date of this Agreement, 20		Greenville Public Schools, MI
AGENT / REPRESENTATIVE NAME		AGENT / REPRESENTATIVE PHONE
	Bv:	
EMPLOYEE SIGNATURE	,	EMPLOYER SIGNATURE

DATED __

_, 20__

DATED_

_____, 20_____