

**Gull Lake Community Schools  
Participation Agreement for Internal Revenue Code  
Section 457(b) Deferred Compensation Program**

Name of Company—457(b) Product Provider
<input type="checkbox"/> 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 457(b) Deferred Compensation Program offered by the company listed above.

**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 457(b) Deferred Compensation program, that this reduction or elimination cannot be "made up" in the future unless it falls within the exclusion allowance formula.

The undersigned hereby agrees to the terms and conditions of the 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. 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 annual 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.

Release of Liability - 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 Employer and becomes effective upon the execution of the Agreement by Employee and Employer. 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.

Designation of Beneficiary - 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\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Agent/Representative: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Authorized Agent/Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this Salary Reduction Agreement to: **Gull Lake Community Schools  
Business Office – Payroll  
10100 East D. Avenue,  
Richland, MI 49083**

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Gull Lake Community Schools hereby acknowledges this Salary Reduction Agreement request.

Employer Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_