Imlay City Community Schools, MI



Catchy contribution eligibility Interest Catchy C	403(b) Salary Reduc	ction & Alloc	ation Agreeme	ent	Compliance	ce Services	
Catch up to entribution alignibility		cations					
Mailing Address Date of Hire	Catch-up contribution eligibility I will be age 50 or older this cale	endar year.	oyer this calendar year.				
Mailing Address	Employee Information						
Employer Name			Telephone #			SSN	
Salary Reduction This agreement shall be logally binding and inevocable with respect to amounts camed while this agreement is in effect, and any termination of this agreement shall be logally binding and inevocable with respect to amounts camed while this agreement is in effect, and any termination of this agreement shall be effective only with respects to amounts not earned at the time of said termination. Subject to the annual contribution limits and other requirements of the 403(b) Plan of the Employer, I authorize the Employer to reduce my cash compensation in exchange for the prompt payment of an qual amount for deposit to a qualified annuity contract or custodial account as a salary reduction contribution with Pan. The amount of such reduction and payment shall be as follows: \$	Mailing Address					Date of Hire	
Salary Reduction This agreement shall be legally binding and irrevocable with respect to amounts earned while this agreement is in effect, and any termination of this agreement shall be effective only with respects to amounts not earned at the time of said termination. Subject to the annual contribution limits and other requirements of the 403(b) Plan of the Employer, I authorize the Employer to reduce my cash compensation in exchange for the prompt payment of an equal amount for deposal to a qualified annually contract or custodial account as a salary reduction contribution under the Plan. The amount of such reduction any payment shall be as follows: § per pay period. This salary reduction agreement will supersede all previous 403(b) salary reduction elections under the Plan. 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. **Allocation of Contributions** **Please indicate ALL of the annualty contracts or custodial accounts to which salary reduction contributions should be allocated. Allocations listed below will supersede all previous allocations for salary reduction contributions. Allocations will be satisfied in the order listed below with any excess remaining allocated to the last account listed. Allocations may only be made to an annualty contract or custodial account that is approved for use with the Plan. **Provider and Allocation Information** Product Provider Name Address for Premium Remittance EE or ER Contribution Policy Number Amounts ***Effective Date and Duration** The Salary Reduction and Allocation Agreement shall take effect: As so on a permitted under the Plan and as soon as administratively feasible; or As payment As a permitted of the Plan and as soon as administratively feasible; or As a permitted of the Plan and as soon as administratively feasible; or As a permitted under the Plan and as soon	City	_ State	Zip	Date of Birth	E-mail	E-mail	
This agreement shall be legally binding and irrevocable with respect to amounts earned while this agreement is in effect, and any termination of this agreement shall be effective only with respects to amounts not earned at the time of said termination. Subject to the annual contribution limits and other requirements of the 403(b) Plan of the Employer, I authorize the Employer to reduce my cash compensation in exchange for the prompt payment of an equal amount for deposit to a qualified annuity contract or custodial account as a salary reduction contribution under the Plan. The amount of such reduction and payment shall be as follows: § per pay period. This salary reduction agreement will supersed all previous 403(b) salary reduction elections under the Plan. 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. **Allocation of Contributions** Please indicate ALL of the annuity contracts or custodial accounts to which salary reduction contributions should be allocated. Allocations listed below will supersed all previous allocations for salary reduction contributions. Allocations will be satisfied in the order listed below with any excess remaining allocated to the last account listed. Allocations may only be made to an annuity contract or custodial account that is approved for use with the Plan. **Provider and Allocation Information** **Provider and Allocation Information** **Provider and Allocation Information** **Provider and Allocation Agreement shall take effect:** As soon as permitted under the Plan and as soon as administratively feasible; or As soon as permitted under the Plan and as soon as administratively feasible; or As soon as permitted under the Plan and as soon as administratively feasible; or As soon as permitted under the Plan and as soon as administratively feasible; or As soon as permitted under the Plan and	Employer Name	· · · · · · · · · · · · · · · · · · ·	Cit	ty	Sta	State	
Provider and Allocation Information Product Provider Name Address for Premium Remittance EE or ER Contribution Policy Number Amounts	requirements of the 403(b) Plan of equal amount for deposit to a qual reduction and payment shall be as salary reduction elections und agreement, if in its opinion, the Allocation of Contribution Please indicate ALL of the annuit will supersede all previous allowed.	of the Employer, I authoralified annuity contrals follows: \$	horize the Employer to ract or custodial account per pay period by authorize my Empl tions would exceed my al accounts to which sala reduction contributions	educe my cash compensation as a salary reduction control. This salary reduction against to reduce or susper Maximum Allowable Control. ary reduction contributions so. Allocations will be satisfied.	on in exchange for ribution under the greement will superend any contribution in any cashould be allocated and in the order list	r the prompt payment of an Plan. The amount of such ersede all previous 403(b) tions established by this ilendar year. d. Allocations listed below ted below with any excess	
Product Provider Name Address for Premium Remittance EE or ER Contribution Policy Number Amounts \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Plan.		is may only be made to	an annuity contract of custo	odiai account mat i	s approved for use with the	
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## Containation State	Product Provider Name	Address for Frei	That it termitalice	EE of ER Contribution	Policy Number		
Effective Date and Duration The Salary Reduction and Allocation Agreement shall take effect: As soon as permitted under the Plan and as soon as administratively feasible; or Not before						<u> </u>	
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The Salary Reduction and Allocation Agreement shall take effect: As soon as permitted under the Plan and as soon as administratively feasible; or Not before		(Tot	al includes EE salary deferrals	s and ER contributions) Total p	er Pay Period		
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. 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 investment company, the financial condition, operation of or benefits provided by said insurance company, custodian, or regulated investment company, or my selection and purchase of shares of regulated investment companies. Employee Signature Date (mm/dd/yyyy) Employee Name (Please Print)	The Salary Reduction and Allocation As soon as permitted under the Not before/_ This agreement will remain in effect salary reduction contributions or such	on Agreement shall take Plan and as soon as/ 20 ct as long as I remain a ubmit a new Salary Rec	administratively feasible an eligible employee und	er the Plan, or until I provide		a written request to end my	
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 investment company, the financial condition, operation of or benefits provided by said insurance company, custodian, or regulated investment company, or my selection and purchase of shares of regulated investment companies. Employee Signature Date (mm/dd/yyyy) Employee Name (Please Print)			count to which contribution	ons are allocated shall be d	etermined in accord	dance with the terms of that	
	the annuity and/or custodial accou operation of or benefits provided	nt, its terms, the select	tion of the insurance con	npany, custodian, or regulate	ed investment comp	pany, the financial condition,	
Financial Professional Name Phone E-mail	Employee Signature		e (mm/dd/yyyy)		Employee Name (Please Print)		
	Financial Professional Name	Pho	ne		E-mail		

Date (mm/dd/yyyy)

Employer Authorized Signature (if required)