Equal amounts of \$	Madison School District, MI Participation Agreement for ROTH 457(b) Deferred Compensation Program	Name of Company - Roth 457(b) Product Provider
Original ROTH Agreement	Employee Name	Social Security Number
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	Work Location	Position
Equal amounts equal to	Original ROTH Agreement	
Amounts equal to	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:	
Amendment ROTH Agreement - Type of Change Desired Increase from \$ per pay period to \$ beginning the	Equal amounts of \$ per pay period beginning the	, 20pay period.
Increase from \$ per pay period to \$ beginning the	Amounts equal to% of compensation per pay period	beginning the, 20pay period.
Decrease from \$ per pay period to \$ beginning the	☐ Amendment ROTH Agreement - Type of Change Desired	
Change to	Increase from \$ per pay period to \$	beginning the, 20pay period.
Suspend-Name of Company	Decrease from \$ per pay period to \$	beginning the, 20 pay period.
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 deduction under the ROTH 457(b) program, that this deduction or elimination cannot be "made up" in the future unless it falls within the guidelines established by the Internal Revenue Code of 1986, as amended. The undersigned hereby agrees to the terms and conditions of the Madison School District, MI 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 confinue until the undersigned makes is 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 employers 457 Deferred Compensation Plan. If the Employee) understand and agree to the following: Wy deferrals cannot begin sooner than the month following Participation Agreement approval. My accumulated deferrals will be held in trust by the Madison School District, MI for the exclusive benefit of participants and their beneficiaries until paid to me under the rules of the Plan. I realize I may no assign or transfer my rights under the Plan. I am responsible for the accuracy of the excludable amounts stated in the Agreement. Any overstatement of the amounts excludable as a salary deduction 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 the maximum allowable limit in any celerator year. Should my deferrals established by this agreement, if in its opinion, the total annual deferral would exceet the maximum allowable limit in any celerator year. Should my deferrals established by this agreement, if in its opinion, the to	Change to% of compensation per pay period beginni	ing the, 20pay period.
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exists or is fiereinaffer amended and a copy of the Plan has been made available to them. This election shall continue until the undersigned makes is subsequent election as provided by the Plan. The employer prerby 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 employers' 457 Deferred Compensation Plan. I (the Employee) understand and agree to the following: Wy deferrals cannot begin sooner than the month following Participation Agreement approval. My accumulated deferrals will be held in trust by the Madison School District, Mil for the exclusive benefit of participants and their beneficiaries until paid to me under the Plan. I realize I may no assign or transfer my rights under the Plan. I realize I may no assign or transfer my rights under the Plan. I realize I may no assign or transfer my rights under the Plan. I realize I may no assign or transfer my rights under the Plan. I realize I may no assign or transfer my rights under the Plan. I realize I may no assign or transfer my rights under the Plan. I realize I may no assign or transfer my rights under the Plan. I realize I may no assign or transfer my rights under the Plan. I realize I may no assign or transfer my rights under the Plan. I realize I may no assign or transfer my rights under the Plan. I realize I may no assign or transfer my rights under the Plan. I realize I may no assign or transfer my rights under the Plan. I realize I may no assign or transfer my rights under the Plan. I realize I may no assign or transfer my rights under the Plan. I realize I may no assign or transfer my rights under the Plan. I realize I may no assign or transfer my rights under the Plan. I realize I may no assign or transfer my rights under the Plan. I realize I may no assign or transfer my rights under the Plan. I realize I may no assign or transfer my rights	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 deduction under the ROTH 457(b) program, that this deduction or elimination cannot be "made up" in the future unless it falls within the guidelines established by the Internal Revenue Code of 1986, as amended.	
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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 II hereby authorize my Employer to deduct 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 ROTH 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 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. Madison School District, MI AGENT / REPRESENTATIVE NAME AGENT / REPRESENTATIVE PHONE	My deferrals cannot begin sooner than the month following Participation Agreement approval. My accumulated deferrals will be held in trust by the Madison School District, MI for the exclusive benefit of participants and their beneficiaries until paid to me under the rules of the Plan. I realize I may no assign or transfer my rights under the Plan.	
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By:	Effective Date of this Agreement, 20	Madison School District, MI
By:	AGENT / REPRESENTATIVE NAME	AGENT / REPRESENTATIVE PHONE
	EMDLOVEE SIGNATURE	By:

DATED

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DATED