

403(b) Retirement Savings Plan

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P.O. Box 4037, Fort Walton Beach, FL 32549
Toll Free: 1-888-796-3786, Option 5

Salary Reduction Agreement

Use this form to set up or change contributions to your 403(b) Account. Questions? Call 651-407-7547.
Please type or print your information and return to HR @ HR@isd624.org, inter-district mail or fax to 651-407-7541.

Employee Data – ALL FIELDS REQUIRED

Employer Name: WHITE BEAR LAKE AREA SCHOOLS ISD 624	
Name:	Social Security #:
Address:	Date of Birth:
City/State/Zip:	Date of Hire:
Phone #:	Number of Payrolls per Year:
Email Address:	Number of Hours per Week:
Bargaining Group:	FTE Status:

Contribution Specifications

Complete this section to set up or change contributions to your 403(b) Account. Please note that the contribution amount may not exceed the maximum allowable limits as determined by the Internal Revenue Code. Review your Plan Highlights for the availability of Roth 403(b) contributions and Age 50 Catch-Up Contributions.

Tax Year	Basic Salary Deferral Limit for all employees.	Annual limit If you qualify for the Age 50+ Catch-Up.
2024	\$23,000	\$30,500

- Start new payroll deductions (Account must be established under your current employer's plan prior to submitting SRA, fill in Account Number below).
- Increase existing payroll deductions. Decrease existing payroll deductions.
- One-time payroll deduction then stop deductions. One-time payroll deduction then revert to existing deductions.
- Change investment providers. Stop contribution to _____ and start contributions to _____.
- Please stop my contributions to _____.
- I am eligible for Employer Match.

Make changes effective with payroll date _____.

You are responsible for establishing any annuity contract or custodial account with the Investment Provider(s) indicated below prior to submitting your Salary Reduction Agreement. Please provide your account # to avoid delay in processing your changes.

Investment Provider(s)	Account #	Annual Employee Contribution	Employee Contribution Per Pay Period	Match Amount Per Fiscal Year	Fiscal Year Match Amount Per Pay Period
1.					
2.					
3.					
4.					

Total deduction each pay period \$ _____

Approval Signature

- 403(b) deferrals can start no earlier than the first pay period following the date this agreement is signed.
- This Salary Reduction Agreement is irrevocable with respect to amounts earned while it is in effect and applies only to amounts earned after the agreement becomes effective.
- This Salary Reduction Agreement will continue until amended or terminated. This agreement supersedes all prior salary reduction agreements and shall automatically terminate with severance from employment.
- The Employee agrees that the Employer shall have no liability whatsoever for any loss suffered by the Employee with regard to his/her selection of an investment provider, or the solvency of the operation of, or benefits provided by, said investment provider.

Signature of Employee _____

Date (Please Note: Above date must be within last 90 days to be valid) _____