## Fort Osage R-1 School District, MO Salary Reduction Authorization for 403(b) Annuity Contract or 403(b)(7) Custodial Account

Name of 403(b) Investment Provider

No Load Account (No agent signature Required)

Employee's Name		Social Security Number	
Work Location		Position	
Original Agreement			
With respect to services rendered by th compensation for such services shall be r		, the Employer and the Employ	ee hereby agree the Employee's
Equal amounts of \$	per pa	ay period beginning the	, 20 pay period.
The amount elected above shall result in a Employer agrees that it will remit the amoun by the Company listed above.			
Amendment Agreement - Type o	f Change Desired		
Increase from \$p	er pay period to \$	beginning the	, 20 pay period.
Decrease from \$ pe	r 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 results in decrease or elimination of reduction future unless it falls within the allowable limit	n under the <u>403(b) T.S.</u> is for that year.		
One-time reduction from Termina		n Terminal Pay	
The Employee expressly understands and a applicable taxes), no reduction will be made			e amount due to the Employee (less
This Agreement shall be legally binding and in Agreement shall be effective only with respect exceed the Employee's statutory limits under S salary reduction to all Companies to which sala the Company listed above, provided that the requested reduction. In the event that the calcu the District's calculation shall prevail.	to amounts not yet earn ection 402(g) or the limitation ary reduction contributions Employee has sufficient lations provided by the Dis	ed at the time of said termination. It ion of Section 415 of the Internal Rev s can be made. It is understood that earnings during the immediately pre- strict are lower than the calculations p	t is provided that this reduction does no renue Code. This limits the total allowable the amount specified will be forwarded to eceding pay period to accommodate the provided by the company / representative
I hereby authorize my Employer to reduce or s would exceed my Maximum Allowable Contribu		established by this agreement, if in	its opinion, the total annual contribution
The Employee is responsible for the accuracy of salary reduction in this agreement, or any other the Employee.			
It is the intent of the parties that the non-forfe Federal Income Tax benefits provided for in Se be in writing to the Employer and becomes of	ction 403(b) of the Internal	Revenue Code of 1954, as amended	d. Any change to this Agreement mus
This Agreement may be terminated by either th as applicable.	e Employer or Employee	upon thirty (30) days notice to the Co	mpany and to the Employer or Employe
Effective Date of this Agreement		, 20	
		Eart Oa	ago P.1 School District MO
AGENT / REPRESENTATIVE NAME	AGENT/REPRESENTATIVE F		age R-1 School District, MO
EMPLOYEE		EM	IPLOYER

Dated \_

\_\_\_ , 20 \_\_

\_\_\_\_\_ , 20 \_

Dated