

Raytown C-2 School District
403(b) and 457(b) Salary Reduction Agreement
Calendar Year 2012 Annual Maximum \$17,000

Full Legal Name: _____
 Street Address: _____ Date of Birth: _____
 _____ SSN: _____
 City: _____ Phone: _____
 State: _____ Zip: _____ Date of Hire: _____

403b Plan

PLEASE CHECK ALL THAT APPLY

457b Plan

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Enrollment | <input type="checkbox"/> Traditional Pre-Tax | <input type="checkbox"/> Traditional Pre-Tax | <input type="checkbox"/> Enrollment |
| <input type="checkbox"/> Non-Participation | <input type="checkbox"/> Roth 403b After-Tax | <input type="checkbox"/> Roth 457b After-Tax | <input type="checkbox"/> Non-Participation |
| <input type="checkbox"/> Discontinue Contributions | | | <input type="checkbox"/> Discontinue Contributions |
| <input type="checkbox"/> Change Amount | | | <input type="checkbox"/> Change Amount |
| <input type="checkbox"/> Change Investment | | | <input type="checkbox"/> Change Investment |

Monthly Amount	Investment Company	Annual Amount		Monthly Amount	Investment Company	Annual Amount

NOTE: \$16.67 is Minimum Monthly Deferral

This Salary Reduction Agreement shall take effect: _____ This agreement **must** be received in the payroll office no
 (Date) later than the 5th of the month to take effect that month.

AGREEMENT

The above named Employee agrees to modify his/her salary as indicated above. Employer agrees to contribute this amount on Employee's behalf into the annuity or custodial accounts selected by Employee. It is intended that the requirements of all applicable state or federal income tax rules and regulations (Applicable Law) will be met. The Employee understands and agrees to the following:

1. This Salary Reduction Agreement:
 - a. Is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect.
 - b. May be changed with respect to amounts not yet paid or available in accordance with the Employer's administrative procedures.
 - c. May be terminated at any time for amounts not yet paid or available and any termination request is permanent and remains in effect until a new Salary Reduction Agreement is submitted.
2. TSA Consulting Group, Inc. will assume the responsibility for determining that Service Provider contracts are 403(b)/457(b) qualified. Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness, or tax consequences of the purchase of the annuity and/or custodial account described herein. Employee agrees Employer shall have no liability whatsoever for any and all losses suffered by Employee with regard to his/her selection of the annuity and/or custodial account; its terms; the selection of the insurance company or regulated investment company; the financial condition, operation of or benefits provided by said insurance company or regulated investment company; or his/her selection and purchase of shares of regulated investment companies. Nothing herein shall affect the terms of employment between Employer and Employee. This Agreement supersedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

----- IMPORTANT INFORMATION -----

1. Employer does not choose the annuity contract or custodial account in which Employee contributions are invested.
2. Employees are responsible for setting up and signing the legal documents to establish their annuity contracts or custodial accounts.
3. In order to receive the expected tax results, Employees are responsible for investing in annuity contracts or custodial accounts that meet the requirements of Section 403(b)/457(b) of the Internal Revenue Code.
4. Employees are responsible for all distributions and any other transactions with their Service Provider. All rights under contracts or accounts are enforceable solely by Employee, Employee beneficiary or Employee's authorized representative. Employee must deal directly with his/her Service Provider to make loans, transfer to different contracts or custodial accounts, begin distributions, or any other transaction.
5. TSA Consulting Group, Inc. is responsible for determining that salary reductions do not exceed the allowable contribution limits under applicable law, and will complete annual maximum allowable contribution calculations.

EMPLOYEE SIGNATURE

I certify that I have read this complete agreement and that my salary reductions do not exceed contribution limits as determined by applicable law. **I acknowledge I have reviewed the fees and charges associated with my voluntary investment accounts.** I understand my responsibilities as an Employee under this Program, and I request that Employer take the action specified in this agreement. I understand that all rights under the annuity or custodial account established by me under the Program are enforceable solely by me, my beneficiary or my authorized representative.

 Employee Signature

 Date

ACKNOWLEDGEMENT AND REPRESENTATION OF SALES – AGENT/REPRESENTATIVE

I agree to comply with all pertinent written directives regarding the solicitation of Employees.

Sales Agent/Representative Name: _____ Phone: _____

Address: _____

Signature: _____