

**Washoe County School District, Nevada
Payroll Reduction Authorization for 403(b) Annuity
Contract or 403(b)(7) Custodial Account**

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|-----------------|
| Name of Company |
|-----------------|

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|-----------------|------------------------|
| Employee's Name | Social Security Number |
| Work Location | Position |

Original Agreement

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 _____, 20 ____ pay period.

Amounts equal to _____% of compensation per pay period beginning the _____, 20 ____ pay period.

The amount elected above shall result in a total ANNUAL REDUCTION not to exceed the maximum allowable contribution calculation. The Employer agrees that it will remit the amount of such reduction for the 403(b) Tax Sheltered Annuity or 403(b)(7) custodial account offered by the Company listed above.

Amendment Agreement - Type of Change Desired

Increase from \$ _____ per pay period to \$ _____ beginning the _____, 20 ____ pay period.

Decrease from \$ _____ per pay period to \$ _____ beginning the _____, 20 ____ pay period.

Change to _____ % of compensation per pay period beginning the _____, 20 ____ pay period.

Suspend—Name of Company _____

Effective Date of Change or Suspension _____, 20 ____

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 reduction under the 403(b) T.S.A. program, that this reduction 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.

Terminal Pay at Retirement or Termination

One-time reduction from Terminal Pay \$ _____
Total from Terminal Pay

The Employee expressly understands and agrees that if the amount requested above is more than the amount due to the Employee (less applicable taxes), a reduction will be made equal to the amount due to the Employee.

I (the Employee) understand and agree to the following:

This Agreement shall be legally binding and irrevocable with respect to amounts earned while the Agreement is in effect, and any termination of this Agreement shall be effective only with respect to amounts not yet earned at the time of said termination. It is provided that this reduction does not exceed the Employee's statutory limits under Section 402(g) or the limitation of Section 415 of the Internal Revenue Code.

The Employee is responsible for performing, or having performed on their behalf, the calculations to determine the maximum annual contribution excludable amounts and their accuracy in this Agreement. Any overstatement of the amounts excludable as a salary reduction in this agreement, or any other violation of the requirement of Section 403(b), could result in additional taxes, interests, and penalties to the Employee. The IRS limits the contributions that can be made each calendar year, regardless of the number of employers the Employee has had throughout the year. It is the responsibility of the Employee to ensure that all contributions are taken into account.

It is understood that the amount specified will be forwarded to the Company listed above. In the event that the calculations provided by the District are lower than the calculations provided by the company / representative, the District's calculation shall prevail. 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.

It is the intent of the parties that the non-forfeitable retirement deferred annuity or custodial contract pursuant to this Agreement shall qualify for the Federal Income Tax benefits provided for in Section 403(b) of the Internal Revenue Code of 1986, as amended. **Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of this 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 as applicable.

Your Employer does not provide legal or tax advice, and you are encouraged to seek information from a financial or tax advisor. Your Employer is not responsible for the selection of investment products or for the performance of the investment(s) selected by the Employee.

Effective Date of this Agreement _____, 20 ____.

EMPLOYEE SIGNATURE

Washoe County School District, Nevada

NAME OF AGENT / REPRESENTATIVE (if applicable)

EMPLOYER ACKNOWLEDGEMENT