Benavides ISD, TX



| Catchy contribution eligibility Interest Catchy C | 403(b) Salary Reduc | ction & Alloc | ation Agreeme | ent | Compliance | ce Services | |
|---|--|---|--|--|--|---|--|
| Catch up to entribution alignibility | | cations | | | | | |
| Mailing Address Date of Hire | Catch-up contribution eligibility I will be age 50 or older this cale | endar year. | oyer this calendar year. | | | | |
| Mailing Address | Employee Information | | | | | | |
| Employer Name | | | Telephone # | | | SSN | |
| Salary Reduction This agreement shall be logally binding and inevocable with respect to amounts camed while this agreement is in effect, and any termination of this agreement shall be logally binding and inevocable with respect to amounts camed while this agreement is in effect, and any termination of this agreement shall be effective only with respects to amounts not earned at the time of said termination. Subject to the annual contribution limits and other requirements of the 403(b) Plan of the Employer, I authorize the Employer to reduce my cash compensation in exchange for the prompt payment of an qual amount for deposit to a qualified annuity contract or custodial account as a salary reduction contribution with Pan. The amount of such reduction and payment shall be as follows: \$ | Mailing Address | | | | | Date of Hire | |
| Salary Reduction This agreement shall be legally binding and irrevocable with respect to amounts earned while this agreement is in effect, and any termination of this agreement shall be effective only with respects to amounts not earned at the time of said termination. Subject to the annual contribution limits and other requirements of the 403(b) Plan of the Employer, I authorize the Employer to reduce my cash compensation in exchange for the prompt payment of an equal amount for deposal to a qualified annually contract or custodial account as a salary reduction contribution under the Plan. The amount of such reduction any payment shall be as follows: § per pay period. This salary reduction agreement will supersede all previous 403(b) salary reduction elections under the Plan. 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. **Allocation of Contributions** **Please indicate ALL of the annualty contracts or custodial accounts to which salary reduction contributions should be allocated. Allocations listed below will supersede all previous allocations for salary reduction contributions. Allocations will be satisfied in the order listed below with any excess remaining allocated to the last account listed. Allocations may only be made to an annualty contract or custodial account that is approved for use with the Plan. **Provider and Allocation Information** Product Provider Name Address for Premium Remittance EE or ER Contribution Policy Number Amounts ***Effective Date and Duration** The Salary Reduction and Allocation Agreement shall take effect: As so on a permitted under the Plan and as soon as administratively feasible; or As payment As a permitted of the Plan and as soon as administratively feasible; or As a permitted of the Plan and as soon as administratively feasible; or As a permitted under the Plan and as soon | City | _ State | Zip | Date of Birth | E-mail | E-mail | |
| This agreement shall be legally binding and irrevocable with respect to amounts earned while this agreement is in effect, and any termination of this agreement shall be effective only with respects to amounts not earned at the time of said termination. Subject to the annual contribution limits and other requirements of the 403(b) Plan of the Employer, I authorize the Employer to reduce my cash compensation in exchange for the prompt payment of an equal amount for deposit to a qualified annuity contract or custodial account as a salary reduction contribution under the Plan. The amount of such reduction and payment shall be as follows: § per pay period. This salary reduction agreement will supersed all previous 403(b) salary reduction elections under the Plan. 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. **Allocation of Contributions** Please indicate ALL of the annuity contracts or custodial accounts to which salary reduction contributions should be allocated. Allocations listed below will supersed all previous allocations for salary reduction contributions. Allocations will be satisfied in the order listed below with any excess remaining allocated to the last account listed. Allocations may only be made to an annuity contract or custodial account that is approved for use with the Plan. **Provider and Allocation Information** **Provider and Allocation Information** **Provider and Allocation Information** **Provider and Allocation Agreement shall take effect:** As soon as permitted under the Plan and as soon as administratively feasible; or As soon as permitted under the Plan and as soon as administratively feasible; or As soon as permitted under the Plan and as soon as administratively feasible; or As soon as permitted under the Plan and as soon as administratively feasible; or As soon as permitted under the Plan and | Employer Name | · · · · · · · · · · · · · · · · · · · | Cit | ty | Sta | State | |
| Provider and Allocation Information Product Provider Name Address for Premium Remittance EE or ER Contribution Policy Number Amounts | requirements of the 403(b) Plan of equal amount for deposit to a qual reduction and payment shall be as salary reduction elections und agreement, if in its opinion, the Allocation of Contribution Please indicate ALL of the annuit will supersede all previous allowed. | of the Employer, I authoralified annuity contrals follows: \$ | horize the Employer to ract or custodial account per pay period by authorize my Empl tions would exceed my al accounts to which sala reduction contributions | educe my cash compensation as a salary reduction control. This salary reduction against to reduce or susper Maximum Allowable Control. ary reduction contributions so. Allocations will be satisfied. | on in exchange for ribution under the greement will superend any contribution in any cashould be allocated and in the order list | r the prompt payment of an Plan. The amount of such ersede all previous 403(b) tions established by this ilendar year. d. Allocations listed below ted below with any excess | |
| Product Provider Name Address for Premium Remittance EE or ER Contribution Policy Number Amounts \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | Plan. | | is may only be made to | an annuity contract of custo | odiai account mat i | s approved for use with the | |
| S S S S S S S S S S | | | mium Pomittanco | EE or ED Contribution | Delieu Numeh en | Amagumta | |
| ## Containation State | Product Provider Name | Address for Frei | That it termitalice | EE of ER Contribution | Policy Number | | |
| Effective Date and Duration The Salary Reduction and Allocation Agreement shall take effect: As soon as permitted under the Plan and as soon as administratively feasible; or Not before | | | | | | <u> </u> | |
| Effective Date and Duration The Salary Reduction and Allocation Agreement shall take effect: As soon as permitted under the Plan and as soon as administratively feasible; or Not before | | | | | | \$ | |
| Effective Date and Duration The Salary Reduction and Allocation Agreement shall take effect: As soon as permitted under the Plan and as soon as administratively feasible; or Not before | | | | | | \$ | |
| The Salary Reduction and Allocation Agreement shall take effect: As soon as permitted under the Plan and as soon as administratively feasible; or Not before | | (Tot | al includes EE salary deferrals | s and ER contributions) Total p | er Pay Period | | |
| 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. 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 investment company, the financial condition, operation of or benefits provided by said insurance company, custodian, or regulated investment company, or my selection and purchase of shares of regulated investment companies. Employee Signature Date (mm/dd/yyyy) Employee Name (Please Print) | The Salary Reduction and Allocation As soon as permitted under the Not before/_ This agreement will remain in effect salary reduction contributions or such | on Agreement shall take Plan and as soon as/ 20 ct as long as I remain a ubmit a new Salary Rec | administratively feasible an eligible employee und | er the Plan, or until I provide | | a written request to end my | |
| 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 investment company, the financial condition, operation of or benefits provided by said insurance company, custodian, or regulated investment company, or my selection and purchase of shares of regulated investment companies. Employee Signature Date (mm/dd/yyyy) Employee Name (Please Print) | | | count to which contribution | ons are allocated shall be d | etermined in accord | dance with the terms of that | |
| | the annuity and/or custodial accou operation of or benefits provided | nt, its terms, the select | tion of the insurance con | npany, custodian, or regulate | ed investment comp | pany, the financial condition, | |
| Financial Professional Name Phone E-mail | Employee Signature | | e (mm/dd/yyyy) | | Employee Name (Please Print) | | |
| | Financial Professional Name | Pho | ne | | E-mail | | |

Date (mm/dd/yyyy)

Employer Authorized Signature (if required)