

Arlington Public Schools, VA

Participation Agreement for Internal Revenue Code Section 457(b) and/or ROTH 457(b) Deferred Compensation Program

Please Print or Type Legibly

Page 1 of 2

1 Employee Name _____

Employee Email Address _____ Work Location _____

Mailing Address _____

Number of Payrolls Per Year: 24 20

2 _____

Employee I.D. Number

- OR -

Employee Social Security Number

3 Original Agreement or Amendment to a Previous Agreement

4 **Reduction Amount** If effective payroll date is blank, changes will take effect the next processing period after receipt of this form by TSACG.

(List all companies and salary reductions requested whether new or existing.)
IMPORTANT: Read instructions on page 2 of this form.

COMPANY NAME	PROVIDER CODE (See Page 2 for Code)	Designates 457(b) ROTH 457(b)	SALARY REDUCTION DOLLAR AMOUNT (Per Pay Period)	EFFECTIVE PAYROLL DATE (New account or amendment - MM/DD/YY)	Terminate Reduction
		<input type="checkbox"/> <input type="checkbox"/>	, .	/ /	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>	, .	/ /	<input type="checkbox"/>
The total amount of contributions to all providers			, .	for each pay period.	

NOTICE: Any SRA accounts not listed will be automatically terminated.

5 Election:

I am opting out of this program.

Yes, I choose to participate in this program. Deductions from my paycheck will begin on the next available paycheck or as of the date I indicated in the "Effective Payroll Date." ("Effective Payroll Date" cannot be more than 90 days from my signature date.) If I want to change my deductions, or select a financial advisor to help me invest for retirement, I understand I must select an investment product provider from the APS authorized provider listing (on page 2 of this form) and complete and submit the appropriate forms according to the procedures of the plan.

School Board Match Program:
 APS will match, on a per pay check basis, your contribution to an APS-sponsored 403(b), ROTH 403(b), 457(b) or ROTH 457(b) account up to the limit determined by APS. Employees are only eligible for one School Board Match contribution. The School Board matches up to 0.4% of your base salary, or up to \$240 per year (up to \$10/pay period for 24-pay employees, or up to \$12/pay period for 20-pay employees), **whichever is greater**. School Board Match contributions are made as Employer Contributions in your name into a 403(b) account to whichever vendor you have chosen for your 403(b) or 457(b) account.

More Information:
 Go to www.apsva.us/benefits/supplementalretirement/ for more information about your Supplemental Retirement Plan options and the School Board Match Program.

Important Reminder for Virginia Retirement System (VRS) Hybrid Plan Participants: As a Hybrid Plan Participant, you are eligible to make voluntary employee contributions to a VRS Hybrid 457 Deferred Compensation plan in addition to voluntary employee contributions to an APS-sponsored 457(b) Deferred Compensation plan. If you make contributions to both the VRS Hybrid 457 Deferred Compensation plan and an APS-sponsored 457(b) Deferred Compensation plan, your total contribution amount to both plans must not exceed IRS annual contribution limits. The 2019 457 Basic Contribution limit is \$19,000. Additional Age-Based Catch Up Amounts and Service-Based Catch Up Amounts may also apply.

The undersigned hereby agrees to the terms and conditions of the Arlington Public Schools, VA Deferred Compensation Plan ("Plan") as such Plan now exists or is hereinafter amended and a copy of the Plan has been made available to them. This election shall continue until the undersigned makes a subsequent election as provided by the Plan. I (the Employee) understand and agree to the following: My deferrals cannot begin sooner than the month following Participation Agreement approval. My accumulated deferrals will be held in trust for the exclusive benefit of participants and their beneficiaries until paid to me under the rules of the Plan. I realize I may not assign or transfer my rights under the Plan.

For 457- I am responsible for the accuracy of the excludable amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary reduction in this agreement, or any other violation of the requirements of IRS Code Section 457 could result in additional taxes, interest, and penalties to the Employee. For 457 ROTH- I am responsible for the accuracy of the amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary deduction in this agreement, or any other violation of the requirements of IRS Code Section 457 could result in additional taxes, interest, and penalties to the Employee. I hereby authorize my Employer to reduce or suspend any deferrals established by this agreement, if in its opinion, the total annual deferral would exceed the maximum allowable limit in any calendar year. Should my deferral exceed the maximum limit, I authorize my Employer to disallow deferral of the excess amount and direct these amounts to be refunded to me.

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 or of benefits provided by said insurance company, custodian, or regulated investment company, or my selection and purchase of shares of regulated investment companies. The employer hereby authorizes on the provider company to issue a annuity contract or custodial arrangement for the benefit of the participant without the signature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employer's 457 Deferred Compensation Plan.

Earnings, if any, will be applied to my accumulated deferrals in accordance with the Company and product I have selected. Neither the Employer, nor Trustees, nor agencies of the Employer shall be liable for the performance of the Companies or products selected by the Employee. 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.

Designation of Beneficiary - 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.

6 _____

AGENT REPRESENTATIVE (IF APPLICABLE)
PLEASE PRINT NAME

AGENT PHONE

7 _____

EMPLOYEE TELEPHONE NUMBER

I agree with the terms above:

EMPLOYEE SIGNATURE

DATE OF THIS AGREEMENT

SRA is not valid if "Effective payroll Date" in Section 4 is more than 90 days from the "Date of this Agreement" in Section 7.

8 _____

Mail, Email or Fax forms to:

**TSA Administration Services
 Attn: SRA Processing Dept.
 P.O. Box 4037
 Fort Walton Beach, FL 32549**

Email: SRAProcessing@tsacg.com

Fax: 1-866-908-7582

Employee Instructions:

1. Complete the Employee sections regarding "Name," "Email Address," "Mailing Address" and "Work Location." Select the number of payrolls that you, the employee, receive during a calendar year.
2. Enter your "I.D. Number" and/or "Social Security Number" in the boxes provided.
3. Mark the box that corresponds with the type of SRA you are submitting: "Original Agreement" or "Amendment to a Previous Agreement."
4. (a) Enter the info for ALL your new and/or existing accounts (you may have only one account or multiple accounts).
NOTICE: Any SRA accounts not listed will be automatically terminated.
(b) In addition to entering the company name, the employee and/or agent MUST fill in the correct Provider Code on the SRA (list available with this SRA or online at <http://www.tsacg.com/individual/plan-sponsor/virginia/arlington-public-schools/>)
(c) Enter the salary reduction amount (dollar amount) you wish to be withheld from your payroll.
(d) If this SRA is being submitted to terminate a current salary reduction, please list the company name to be terminated and indicate "Terminate Reduction" in the space provided (check box).
(e) Total the dollar amount for all contributions, and enter the total in the box provided.
5. Complete this section for "Automatic Enrollment" (New hires).
6. Provide agent name and telephone number, if applicable.
7. Sign and date the agreement. Please provide a telephone number where you can be reached during business hours.
8. Mail the completed original signed agreement to TSA Administration Services, Attn: SRA Processing Dept., P.O. Box 4037, Fort Walton Beach, FL 32549 or fax the completed form to 1-866-908-7582 or e-mail to sraprocessing@tsacg.com

The employer, Arlington Public Schools, will apply and remit the salary reduction documented on page 1 of this SRA form to TSA Consulting Group, Inc. The administrator is providing remittance and administration services for voluntary retirement plans for Arlington Public Schools.

PRIVACY - The administrator shall take all reasonable precautions to prevent disclosure or use of the information for a purpose unrelated to administration of the plan.

The administrator shall disclose information described only:

- (a) in response to a court order;
- (b) for an examination conducted by the commissioner of insurance;
- (c) for an IRS audit or investigation;
- (d) to or at the request of the insurer or plan sponsor; or
- (e) with the written consent of the identified individual or his or her legal representative.

Authorized 457(b) Providers (as of July 01, 2015)**AXA Advisors / PlanMember Services (provider code = AX)****Local Vendor Representatives:**

Mark Toia - (703) 207-0900
Email: Mark.Toia@Axa-Advisors.com

Main Office - (800) 874-6910
www.Planmember.com/aps

Lincoln Financial Group (provider code = LI)**Local Vendor Representatives:**

Michael Knapp - (571) 438-1705
Email: Michael.Knapp@LFG.com

Liliana Zarate (Spanish speaking) - (202) 329-5715
Email: Liliana.Zarate@LFG.com

Main Office - (800) 234-3500
www.LFG.com/aps

Note: The agreement to defer compensation must be entered into before the first day of the month in which the deferrals are to begin. The schedule below applies to deferral changes and deferral terminations.

SRA SUBMISSION DEADLINE	FOR PAYROLL DATE
<u>09/19/2018</u>	<u>09/28/2018</u>
<u>10/03/2018</u>	<u>10/15/2018</u>
<u>10/19/2018</u>	<u>10/31/2018</u>
<u>11/02/2018</u>	<u>11/15/2018</u>
<u>11/19/2018</u>	<u>11/30/2018</u>
<u>12/04/2018</u>	<u>12/14/2018</u>
<u>12/17/2018</u>	<u>12/31/2018</u>
<u>01/04/2019</u>	<u>01/15/2019</u>
<u>01/17/2019</u>	<u>01/31/2019</u>
<u>02/05/2019</u>	<u>02/15/2019</u>
<u>02/19/2019</u>	<u>02/28/2019</u>
<u>03/05/2019</u>	<u>03/15/2019</u>
<u>03/20/2019</u>	<u>03/29/2019</u>
<u>04/03/2019</u>	<u>04/15/2019</u>
<u>04/15/2019</u>	<u>04/30/2019</u>
<u>05/03/2019</u>	<u>05/15/2019</u>
<u>05/20/2019</u>	<u>05/31/2019</u>
<u>06/04/2019</u>	<u>06/14/2019</u>
<u>06/19/2019</u>	<u>06/28/2019</u>
<u>07/02/2019</u>	<u>07/15/2019</u>

Arlington Public Schools, VA

Participation Agreement for Internal Revenue Code Section 457(b) and/or ROTH 457(b) Deferred Compensation Program