Orondo School District, WA Salary Deduction Agreement for ROTH 403(b) Annuity Contract or Custodial Account

		Pleas	ease Print or Type Legibly											Pa	ige 1	of 2	
1	Employee Name							2									
	Employee Email Address	N	Vork Location														
	Mailing Address										En	nploye	e I.D. N	lumber			
	Number of Payrolls Per Year:																
	*Deductions are not withheld for more than two (2) payrolls per month. Employee Social Security Number																
3	Original Agreement <u>or</u>	Amendment t	to a Previous	Agree	ment												
	With respect to services rendered by the em	ployee hereafter, th	he Employer and	the emp	loyee hereby a	gree the Emp	ploye	e's comp	pensat	ion for	such	service	es shall	be redu	iced by	/:	
	Equal amounts of \$ per pay period beginnin				, 20) p	ay pe	eriod.									
	Amounts equal to	% of compensation	n per pay period b	eainnin	n the	20	r	av nerio	hd					<u>~</u>			
	Amounts equal to% of compensation per pay period beginning the, 20 pay period.										t ít will i	romit th	, a amoi	unt of	such		
	reduction for the 403(b) Tax Sheltered Annuity	or 403(b)(7) custodia	al account offered	by the C	ompany listed at	iove.		alculation	i. The		yer ayr	ees uig	ie it will			<u>,</u>	Such
1	Deduction Amount	List all companies			•	er new or exi	sting.	lfe	ffective	e payro	oll date	is blan	k, chan	ges will	take e	ffect th	ıe
		ad instructions or	ons on page 2 of this form.					xt proc			od after receipt of this from by TSACG.						
		(if applicable			SALARY DEDUCTION AMOUNT (Dollar Amount)				/	(New	account	or ame	ndment -	- MM/DD	/YY)		uction
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	The total amount of contributions to all providers								r eacl	h pay	y peri	od.					
	N	OTICE: Any S	SRA account	ts no	listed will	be autor	nati	cally	term	inate	ed.						
	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/deduction does not exceed the Employee's statutory limits under Section 402(g) or the limitation of Section 415 of the Internal Revenue Code. This limits the total allowable 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.																
	exceed my Maximum Allowable Contribution in any calendar year.														with		
	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.																
	The Employee is responsible for the accuracy of the excludable amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary deduction/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.													as a and			
s	It is the intent of the parties that the non-forfeitable retirement deferred annuity or custodial contract pursuant to this Agreement shall gualify for the Federal Income Tax benefits provided for in Section 403(b) of the Internal Revenue Code. 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.																
ervice	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.																
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mplia	6		7		<i>.</i>							8					
2	AGENT/REPRESENTATIVE (IF APP	LICABLE)-PRINT		, <u> </u>	EMPLOY	EE TELEP	HON	ENUM	BER			Mail	or fax		PA for	m to:	
UMNI & I SACG Compliance Services				gree wi	th the terms a							Wall		your Si		ii to.	
				EMPLOYEE SIGNATURE								U.S. OMNI & TSACG Compliance Services					
2022 - U.S.	AGENT PHONE											Attn: SRA Processing Dept. P.O. Box 4037 Fort Walton Beach, FL 32549					
20																	
Copyright	EMPLOYER ACCEPTANCE OF AG		SRA is not valid if "Effective payroll Date" in Section 4 is more than 90						n 90	Fax:	1-866-9	908-75	32				
Cop					the "Date of this					-							

Employee Instructions:

- Complete the Employee sections regarding "Name", "Email Address", "Mailing Address" and "Work Location". Select the number of payrolls * that you, 1. the employee, receive during a calendar year. Enter your "I.D. Number" and/or "Social Security Number" in the boxes provided. Mark the box that corresponds with the type of SRA you are submitting: "Original Agreement" or "Amendment to a Previous
- 3

Agreement"

4. (a) Enter the information 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 corresponding Assigned Payroll Slot Code (if applicable) on the SRA list available with this SRA or online at https://www.tsacg.com/employee_site/districts

(c) Enter the salary deduction amount (dollar amount) you wish to be withheld from your payroll.

- (d) Enter the month or payroll date that you wish your elections (new account or amendment) to be effective.
 (i) If effective payroll date is blank, changes will take effect the next processing period after date of receipt of this form by TSACG.
 (e) If this SRA is being submitted to terminate a current salary deduction, please list the company name to be terminated and indicate "Terminate" Deduction" in the space provided (check box).
- (f) Total the dollar amount for all contributions and enter the total in the box provided.
- Complete this section for unused sick leave payout ONLY. 5 6. 7. Provide agent name and telephone number, if applicable.
- 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 Department, P.O. Box 4037, Fort Walton Beach, FL 32549 or fax the completed form to 1-866-908-7582.