## Jackson County Schools, West Virginia Payroll Reduction Authorization for 403(b) Annuity Contract or 403(b)(7) Custodial Account

Name of Company

No Load Account (No agent signature Required)

Employee's Name	Social Security Num	ber	
Work Location	Position		
Original Agreement	· · · · · · · · · · · · · · · · · · ·		
With respect to services rendered by the Employee here compensation for such services shall be reduced by:	after, the Employer a	nd the Employee hereby ag	ree the Employee's
Equal amounts of \$ pe	er pay period beginning	g the, 20	) pay period.
The amount elected above shall result in a total ANNUAL REDU Employer agrees that it will remit the amount of such reduction by the Company listed above.			
Amendment Agreement - Type of Change Desire	ed		
Increase from \$ per pay period to \$_	beginnin	g the, 20	pay period.
Decrease from \$ per pay period to \$	beginning	) the, 20 _	pay period.
Suspend—Name of Company			
Effective Date of Change	. 20		
results in decrease or elimination of reduction under the 403(b) future unless it falls within the allowable limits for that year. 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), no reduction will be made and the entire amount will be paid to the Employee.			
This Agreement shall be legally binding and irrevocable with respect Agreement shall be effective only with respect to amounts not yet exceed the Employee's statutory limits under Section 402(g) or the li salary reduction to all Companies to which salary reduction contribu- the Company listed above, provided that the Employee has suffic requested reduction. In the event that the calculations provided by the the District's calculation shall prevail.	earned at the time of sa imitation of Section 415 or utions can be made. It is cient earnings during the	id termination. It is provided that f the Internal Revenue Code. Thi understood that the amount spe immediately preceding pay pe	at this reduction does no s limits the total allowable cified will be forwarded to riod to accommodate the
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.			
The Employee is responsible for the accuracy of the excludable ame salary reduction in this agreement, or any other violation of the requir the Employee.			
It is the intent of the parties that the non-forfeitable retirement defe Federal Income Tax benefits provided for in Section 403(b) of the Int <b>be in writing to the Employer and becomes effective upon the e</b>	ernal Revenue Code of 1	954, as amended. Any change	to this Agreement mus
This Agreement may be terminated by either the Employer or Emplo as applicable.	byee upon thirty (30) days	notice to the Company and to the	ne Employer or Employee
Effective Date of this Agreement	, 2	0	
AGENT / REPRESENTATIVE NAME AGENT/REPRESENTA	TIVE PHONE NUMBER	Jackson County Schools,	West Virginia
EMPLOYEE		EMPLOYER	

Dated \_

\_\_\_\_ , 20 \_\_\_\_

Dated \_\_\_\_