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

| Annuity Contract or Custodial Account | |
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| Employee's Name | Social Security Number |
| Work Location | Position |
| Original ROTH Agreement | |
| With respect to services rendered by the Employee hereafter, the Emp services shall be reduced by: | loyer and the Employee hereby agree the Employee's compensation for such |
| Equal amounts of \$ per pay | period beginning the, 20 pay period. |
| | TION not to exceed the maximum allowable contribution calculation. The ne ROTH 403(b) annuity or custodial account offered by the Company listed |
| Amendment ROTH Agreement - Type of Change De | esired |
| Increase from \$ per pay period to \$ | beginning the, 20 pay period. |
| Decrease from \$ per pay period to \$ | beginning the, 20 pay period. |
| For TERMINAL LEAVE PAYOUT, deduct 🛚 \$ | or Maximum Amount possible up to \$ after payment of 401(a) Employer Contribution. |
| Suspend—Name of Company | 401(a) Employer Contribution. |
| Effective Date of Change or Suspension | , 20 |
| | request that such change be effected. I realize that if the change results in that this deduction or elimination cannot be "made up" in the future unless it 1986, as amended. |
| NO-LOAD ROTH INVESTMENT OPTIONS ONLY: | // |
| I acknowledge receipt of the appropriate disclosure materials (p Maximum Allowable Contribution limits for the current calendar | |
| shall be effective only with respect to amounts not yet earned at the time of sa under Section 402(g) or the limitation of Section 415 of the Internal Revenue (| unts earned while the Agreement is in effect, and any termination of this Agreement id termination. It is provided that this deduction does not exceed the Employee's limits Code. This limits the total allowable salary deduction to all Companies to which salary ided will be forwarded to the Company listed above. In the event that the calculations by / representative, the District's calculation shall prevail. |
| I hereby authorize my Employer to reduce or suspend any contributions estab my Maximum Allowable Contribution in any calendar year. | lished by this agreement, if in its opinion, the total annual contributions would exceed |
| | tated in this Agreement. Any overstatement of the amounts excludable as a salary in 403(b) could result in additional taxes, interests, and penalties to the Employee. |
| | or custodial contract pursuant to this Agreement shall qualify for the Federal Income 1986, as amended. Any change to this Agreement must be in writing to the y Employee and Employer. |
| This Agreement may be terminated by either the Employer or Employee u applicable. | pon thirty (30) days notice to the Company and to the Employer or Employee as |
| Effective Date of this Agreement, 20 | Wausaukee School District, WI |
| | |
| AGENT / REPRESENTATIVE NAME Agent's Phone | AGENT / REPRESENTATIVE SIGNATURE |
| EMPLOYEE SIGNATURE | EMPLOYER SIGNATURE |
| Dated, 20 | Dated, 20 |