

EMPLO	YEE INFOR	MATION:					
Employee's Name (Print)					Employee's Social Security Number		
Requested Start/Change/Stop Date					Employee's Bargaining Group		
CONTRI	BUTION IN	NFORMATIO	ON (Fill in a	ll that apply):			
SALARY REDUCTION				SERVICE PROVIDER	EMPLOYEE CONTRIBUTION	DISTRICT MATCH	
Туре	New	Change	Stop	(See list of allowed vendors)	Annualized Salary Reduction Amount	Annualized District Match	
403(b)							
Roth 403(b)							
				TOTALS			
If you ar	UP PROVIS e contributi contributing	ng more tha	n the basic l	mit to a 403(b), you must check the box below: using the Age 50 and older catch up election.			
AGREE	MENT:						
 I waive upon my services b It is spedistrict sh 	e the right who death while in the thick which has ecifically agreall have no li	ise payable di nich I would ot in your emplo s not then bee eed and under lability there u	cherwise have cherwise have y, or (2) the ri on credited to created that M under because	angement between us be modified to substitute the o that I may obtain the benefit of Section 403 (b) of that I may obtain the benefit of Section 403 (b) of that I may obtain the benefit of Section 403 (b) of that to receive the amounts of such plan deposits so ght personally upon termination of employment by resaid plan contract. nnesota Statutes, Sec. 125.12 (the Teachers' Continuol of its purchase of this annuity contract quest, I fully authorize it to do all things necessary to	the Internal Revenue Code as amen paid by (District No. 659) except (reason other than my death, for what uing Contract Law) is not applicable	nded. 1) the right of my estate nich I have rendered thereto and that the school	
	e of Employ				/		
Signature of Company Agent					/	<i>J</i>	
Account	Number				_	Revised – 7/19/17	

ADDITIONAL INFORMATION:

This agreement shall be legally binding and irrevocable as to both Employer and Participant with respect to amounts earned while the agreement is in effect while employment continues; however, either party may change or terminate this agreement as of the end of any month, so that it will not apply to salary subsequently earned, by giving at least thirty days written notice.

If the Participant terminates employment with the Employer, this agreement shall automatically terminate according to the terms of the employment contract.

If the Employer terminates the 403(b) program, this agreement shall automatically terminate.

The Employer agrees to furnish the Participant with a complete copy of the 403(b) program upon request.

The Participant agrees that the Employer shall have no liability whatsoever for any loss suffered by the Participant

- a.) With regard to his or her selection of an investment company, or
- b.) By reason of the Employer's transmittal of contributions, providing they are transmitted in accordance with the terms of the 403(b) program.

The Participant understands that:

- a.) The Employer is executing this agreement to provide the Participant with an opportunity to benefit from the provisions of Section 403(b),
- b.) The Employer does not recommend to the Participant that he or she participate I the 403(b) program,
- c.) The Employer does not warrant any particular tax consequences to the Participant,
- d.) All computations in connection with the determination of the amount of salary reduction hereby authorized, including the amount of maximum exclusion allowance, includible compensation and years of service pursuant to such 403(b) shall be the responsibility of the Participant and are based on information to be furnished by the Participant.