INSTRUCTIONS:

- THIS AGREEMENT SUPERSEDES AND REPLACES <u>ALL</u> PRIOR AGREEMENTS
- This Agreement must be turned in the month prior to the effective date of the Agreement
- List ALL your deduction on each new SRA form you submit for processing

403(b) – Tax Sheltered	d Annuity (TSA) Plan Contri	<u>ibution</u>				
Start a NEW 4	03(b) Contribution	n Stop ALL 403(b) Contributions				
Change Amou	unt Change or Add Co	ompany No Char	No Changes to 403(b) Contributions			
Amount	Company Name	Vendor #	403(b) Compare#			
1. \$						
2. \$						
Total Amount: \$	Effective on:	Next Available Payroll				
·	Specific Future Payroll Date:					
·		Specific Future Payroll	Date:			
			Date:			
457(b) – Deferred Cor	mpensation Plan Contributi	ion				
457(b) – Deferred Cor Start NEW 457	7(b) Contribution	ion Stop ALL 457(b) Co	ontributions			
457(b) – Deferred Cor Start NEW 455	7(b) Contribution	ion Stop ALL 457(b) Co				
457(b) – Deferred Cor Start NEW 457	7(b) Contribution Int Change or Add Co	ion Stop ALL 457(b) Co ompany No Char	ontributions			
457(b) – Deferred Cor Start NEW 455 Change Amou Amou	7(b) Contribution Int Change or Add C o	ion Stop ALL 457(b) Co ompany No Char Ve	ontributions ages to 457(b) Contributions			
457(b) – Deferred Cor Start NEW 455 Change Amou Amou 1. \$	7(b) Contribution unt Change or Add Count unt Company Name	ion Stop ALL 457(b) Co ompany No Char Ve	ontributions ages to 457(b) Contributions			
457(b) – Deferred Cor Start NEW 455 Change Amou 1. \$ 2. \$	7(b) Contribution unt Change or Add Co unt Company Name	ion Stop ALL 457(b) Co ompany No Char Ve	ontributions ages to 457(b) Contributions			

I hereby agree to reduce my eligible salary or wages each pay period by the above stated amount(s) and direct Berryessa Union School District to remit these amounts on my behalf to the investment provider(s) I have selected. My signature below acknowledges that I have read, understand, and agree to the terms and conditions as set forth on Page 2 of this form.

<u>I hereby acknowledge that if I select an investment provider that does NOT pay the monthly participant</u> administration fee of \$2.50 (provider list available), I hereby authorize the District to deduct such amount directly from my paycheck.

En	nployee Name (Print)	Employee Sig	nature Date	Last 4 Digits of Social
	Authorized Employer Sigr	nature	Date	_
		Jame	Phone Number	
	Revised on: August 20, 2014			Page 1

This Salary Reduction Agreement (hereinafter "Agreement") supersedes and replaces all previous Agreement(s). Employee agrees that no more than one Agreement may be in effect at any one time, listing all 403(b) and 457(b) vendors and amounts to be deducted and remitted to the listed vendors.

Employee acknowledges that:

- 1. This Agreement maybe entered into with respect to compensation not yet received by or made available to the Employee by the Employer. This Agreement is legally binding and irrevocable with respects to amounts already paid or made available by the Employer while this Agreement is in effect. The Agreement shall continue to be in effect in succeeding calendar years, until a new Agreement is executed by the Employee and approved by the Employer. This Agreement may be terminated and/or modified at any time for amounts not yet paid or available, pursuant to the Employers administrative policy and deadlines for submission of such request.
- 2. If during a pay period there is an insufficient compensation due and payable to the Employee to cover the requested deduction(s) a set forth is this Agreement, the Employer shall **NOT** remit such deduction(s) and shall continue NOT to remit such deduction(s) until Employee's compensation is sufficient to cover the requested deduction(s) as set forth in this Agreement.
- 3. The Employee has elected to participate, and has determined the amounts of salary reduction and the investment option(s) into which such amount(s) shall be invested, and has not relied in any manner on the Employer for making such decision. The investment choices are limit to only those that are vendors properly registered with the 403(b) Compare as administered by the California State Teacher's Retirement System and have execute the Hold Harmless Agreement with the Employer. Employee further understands that comparative data regarding the available investment options is available on the web site www.403bcompare.com. The Employer reserves the right to terminate Employees salary reduction agreement with respects to any provider that fails to maintain it's registration with 403(b) Compare, fails to comply with all 403(b) and/or 457(b) rules and regulations, as amended, or does not execute the Hold Harmless Agreement with the Employer, as amended.
- 4. That the fact that a particular investment option may be available under the 403(b) and/or 457(b) Plans does not constitute an endorsement, recommendation and/or approval of any kind by the Employer. Employee furthermore releases the Employer from any and all liability and responsibility resulting for any loss suffered by the Employee with regard to the selection of a provider and it investment options, the solvency, fraud, misrepresentation, operation of, or benefits provided by the provider selected by the Employee.
- 5. The Employee shall not enter into an Agreement that shall have the Employee exceed the annual maximum contribution limits as set forth in the Internal Revenue Code, as amended. The Employee further agrees that the Employer may amend this Agreement by suspending all or a portion of salary reduction amounts, so as to not permit the Employee to exceed the annual maximum contribution limits. The Employer shall automatically resume the previous contribution amounts effective with the first payroll period of the following tax year.
- 6. The Employer shall have the authority to request corrective distributions made to the Employee from one or more providers that the Employee contributes to, if Employees contributions have exceeded the annual maximum contribution limits and were previously not suspended by the Employer.

Employee further acknowledges that by executing this Agreement the Employee shall indemnify and hold the Employer harmless against any and all actions, claims and demands that may arise from the Employee's participation in the 403(b) and/or 457(b) Plans, including any incorrect calculation of Employee's annual maximum contribution amount due to incorrect information provided by the Employee. Indemnification from damages shall include any tax, interest, penalties and/or assessments or related costs that may be incurred by or imposed upon the Employer. The Employee hereby authorized the Employer to recover indemnification amounts through payroll deduction or, at the option of the Employer, through any other legal means.