

La Canada Unified School District
403(b) Salary Amendment Agreement
For Pre-tax and Roth (after-tax) Contributions



The Salary Amendment Agreement is used to establish, change, or cancel voluntary contributions made from your paycheck and remitted to an account within an employer-sponsored 403(b) Plan on your behalf. This completed and signed Salary Amendment Agreement is to be used only for the 403(b) Plan of La Canada Unified School District.

An available list of investment providers can be viewed on page 2 of this form. Further information for investment providers may be found at www.403bcompare.com. Please consult with a financial advisor or tax professional regarding your investment options and contribution limits.

Employee Information	Employee Name		Social Security Number																															
	Employee Street Address		Term <input type="checkbox"/> School Term <input type="checkbox"/> Full Term	Contribution Frequency <input type="checkbox"/> Monthly Pay <input type="checkbox"/> Bi-weekly Pay																														
	City		State	Zip Code																														
	Email Address		Home Phone																															
	Date of Birth	Date of Hire	Work Phone																															
Contribution Information	Based on the date of birth and date of hire provided, you may be eligible to contribute:																																	
	<p>Normal Limit: \$ _____ Age 50+ Provision: \$ _____ 15 Years+ Provision: \$ _____</p> <p>Total Estimated Annual Contribution Limit: \$ _____</p> <p><i>Note: These estimated calculations are not a recommendation or guarantee of contribution limits. Please refer to your financial advisor or tax professional to ensure your eligibility for contributions over the normal limit. The Plan Administrator must approve the calculations of the '15 Years' Provision prior to its use.</i></p> <p>1. To START plan contributions select the applicable provider and enter the dollar amount of contributions. 2. To CHANGE plan contributions select the applicable provider and enter the new dollar amount of contributions. 3. To CANCEL plan contributions select the applicable provider and enter the 0 (zero) as the amount of contributions.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">Tax Election</th> <th style="width:40%;">Investment Provider</th> <th style="width:15%;">403bCompare Number*</th> <th style="width:10%;">Account No. (Required)</th> <th style="width:15%;">Contribution Amount</th> <th style="width:10%;">\$3 After-tax Fee**</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Pre-Tax <input type="checkbox"/> Roth</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Pre-Tax <input type="checkbox"/> Roth</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Pre-Tax <input type="checkbox"/> Roth</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Pre-Tax <input type="checkbox"/> Roth</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><small>* All new accounts must have a valid 403bCompare.com number associated with the investment provider selected. ** An after-tax administration fee of \$3 will be deducted for each account to which an employee is actively contributing if that account is not with a provider that has agreed to pay this administration fee on behalf of the participant. Fee information can be found on page 2 of this form. Further information for investment providers may be found at www.403bcompare.com.</small></p> <p>Total PRE-TAX contribution amount each payroll cycle: \$ _____</p> <p>Total ROTH (after-tax) contribution amount each payroll cycle: \$ _____</p>					Tax Election	Investment Provider	403bCompare Number*	Account No. (Required)	Contribution Amount	\$3 After-tax Fee**	<input type="checkbox"/> Pre-Tax <input type="checkbox"/> Roth						<input type="checkbox"/> Pre-Tax <input type="checkbox"/> Roth						<input type="checkbox"/> Pre-Tax <input type="checkbox"/> Roth						<input type="checkbox"/> Pre-Tax <input type="checkbox"/> Roth				
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Effective Date of Change	The effective date of this salary amendment agreement is as soon as administratively feasible, but no later than the first applicable payroll in the month following the date of submission in good order (e.g. If the form is received in May, contributions may begin no later than June).																																	
Financial Advisor Information	Advisor Name		Advisor Phone																															
	Email Address		Firm Name																															

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<p>Employee Agreement and Important Information</p>	<p>By signing this Agreement, Employee agrees to modify his/her salary as indicated and Employer agrees to contribute this amount on Employee's behalf into the 403(b) annuity(s) or custodial account(s) selected by Employee and authorized by Employer under the Employer's 403(b) Plan. Employer agrees to properly identify pre-tax 403(b) contributions and after-tax Roth contributions for proper allocation to segregated accounts by the investment providers. It is intended that the requirements of all applicable state and federal tax rules and regulations (Applicable Law) will be met.</p> <p>Employee understands and agrees that this Agreement:</p> <ul style="list-style-type: none"> • Is legally binding and irrevocable with respect to amounts paid or available while it is in effect and is effective only for amounts not yet earned or made available. • May be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new salary amendment agreement is submitted. • Supersedes all prior 403(b) salary reduction/amendment agreements and shall automatically terminate if employment with the Employer is terminated. <p>Employee further understands and agrees that Employee:</p> <ul style="list-style-type: none"> • Is responsible for determining that annual salary reduction contributions to all elective deferral plans do not exceed the limits of the Applicable Law. • Is responsible for identifying that portion of his/her contribution which is a Roth 403(b) contributions and which portion is a pre-tax 403(b) contribution so that investment providers can properly segregate contributions or apply separate accounting to independently track and monitor each type of contribution. • Is responsible for the accuracy of the information provided by Employee, which may be used in determining Employee's maximum annual contribution limit. • Is solely responsible for any losses suffered by Employee that result from his/her participation in the 403(b) plan and that Employer has no liability for investment performance of Employee's account(s). • Acknowledges that Employer has made no representation regarding the advisability, appropriateness or tax consequences of the purchase of the 403(b) plan. Nothing herein shall affect the terms of employment between Employer and Employee. • Acknowledges and authorizes Employer to share information on employee's account(s) with investment providers and/or plan administrators for compliance purposes. <p>Although Employer must authorize investment providers, Employer does not choose the annuity contract(s) or custodial account(s) in which 403(b) contributions are invested. Employee is responsible for setting up and signing the legal documents to establish the annuity contract or custodial account, which must be established prior to submission of this Agreement.</p> <p>Employers are responsible for all distributions and any other transactions with the investment provider(s). All rights under the annuity contracts or custodial accounts are enforceable solely by Employee, Employee's beneficiary or Employee's authorized representative. However, Employer has certain responsibilities under the 403(b) Plan with respect to the integrity of the transactions for the Plan and may require an authorized representative from Employer to approve any requested transactions by Employees. Employee must cooperate directly with any investment provider or Employer representative, as directed by Employer to exchange contract(s) or custodial account(s) to another investment provider, make distributions, request loans, exchanges or otherwise access 403(b) Plan assets.</p> <p>Employee understands that Employer is authorized to utilize the services of a plan administrator at the discretion of the Employer and, as such, Employer may direct the amount of any salary reduction/deduction to the plan administrator with the intent of having plan administrator distribute such funds to the designated investment provider.</p> <p>Employee understands that the plan administrator charges each investment provider an administration fee of \$3.00 per month for each annuity or custodial account administered in the Plan. In the event the investment provider selected above does not agree to pay the administration fee, Employee authorizes and directs Employer to deduct the administration fee directly from Employee's paycheck each month through an after-tax payroll deduction.</p> <p>I certify that I have read this complete Agreement and that my contributions to the 403(b) Plan do not result in a contribution amount that exceeds the contribution limits under Applicable Law. I understand my responsibilities as an Employee under the 403(b) Plan, and by signing this Agreement, I direct Employer to take the actions specified in this Agreement unless deemed inappropriate by my Employer or plan administrator.</p> <p>By signing this Agreement, I authorize any investment provider, the 403(b) plan administrator, my Employer or their representatives to provide information on my account(s) that may be necessary for compliance purposes or to effectuate such transactions as I may request.</p>		
<p>Employee Signature</p>	<table border="1" style="width: 100%;"> <tr> <td data-bbox="292 1617 1347 1682">Employee Signature</td> <td data-bbox="1347 1617 1559 1682">Date</td> </tr> </table>	Employee Signature	Date
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