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| **WESTERN SPRINGS SCHOOL DISTRICT 101**  **Salary Reduction Agreement** |

Use this form to set up or change contributions to your account from your paycheck. Please type or print.

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| Employee Data | |
| Name: | Social Security #: |
| Address: | |
| City: | Daytime Phone#: ( ) |
| State/Zip: | Evening Phone #: ( ) |
|  | Date of Birth: |
| Set Up Salary Reduction | |

Complete this section to set up or change contributions to your 403(b) Account. Please note that the maximum amount of salary that can be reduced may not exceed the limits of the Internal Revenue Code. If you are making catch-up contributions a copy of the calculation must be provided with this Salary Reduction Agreement.

* Deduct from my Salary (Select all that apply):
  + Qualified Contribution $\_\_\_\_\_\_\_\_\_\_\_\_\_ per pay period.
* Catch-Up Amount:
  + Pre-Tax Qualified Contribution-Age 50 $\_\_\_\_\_\_\_\_\_\_\_\_\_ per pay period.
  + Pre-Tax Qualified Contribution-15 yr Service $\_\_\_\_\_\_\_\_\_\_\_\_\_ per pay period.

TOTAL: $\_\_\_\_\_\_\_\_\_\_\_\_\_ per pay period.

* Please stop my contributions to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Provider

* I choose not to contribute at this time.

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| Investment Provider |

Complete this section with the amount per Investment Provider and account type. You are responsible for establishing any annuity contract or custodial account with the Investment Provider(s) as indicated below.

|  |  |  |
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|  | 403(b) Pre-Tax | |
| Investment Provider (**PLAN TYPE-Circle One)** | Salary Reduction | Catch-Up |
| 1. AXA EQUITABLE |  |  |
| 2. HORIZON WEALTH MANAGEMENT PRINC 457 OPP-ROTH OPP-403b |  |  |
| 3. LINCOLN INVESTMENTS LINC INVEST LINCOLN ROTH |  |  |
|  |  |  |

**Do/Did you contribute to any other retirement programs during this calendar year including any associated with your prior employer(s)?** (This does not include state teachers’ retirement plans or Roth and Traditional IRAs)

\_\_\_ Yes \_\_\_No If yes, enter the total amount contributed $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do/Did you participate in any catch up provisions/special elections with your current or former employer(s)?**

\_\_\_Yes \_\_\_No If yes, enter the total amount contributed $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Employee understands that Western Springs District 101 will rely on the accuracy of the data provided by the Employee when giving the Employee any assistance in determining the Employee’s pre-tax and post-tax contribution limits under Code Section 403(b).

The Employee agrees that all computations done in connection with the salary reduction/deduction authorized above, including eligible compensation, years of service, and prior contributions, pursuant to Code Section 403(b) shall remain the sole responsibility of the Employee.



Employee Signature Date