

Salary Deferral Agreement
403(b) Plan



Osseo Area Schools 403(b) Retirement Savings Plan

1009632-01

Participant Information

| | | | | | | | |
|---------------------------|--|----------------|----------|---------------|------------------------|----------------------------------|------------------------------------|
| Last Name | | First Name | | MI | Social Security Number | | |
| Address - Number & Street | | | | | E-Mail Address | | |
| City | | State | Zip Code | | Mo | Day | Year |
| () Home Phone | | () Work Phone | | Date of Birth | | <input type="checkbox"/> Female | <input type="checkbox"/> Male |
| | | | | | | <input type="checkbox"/> Married | <input type="checkbox"/> Unmarried |

Salary Deferral Agreement

This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superceded, or the employee ceases to be an eligible employee. This Agreement supercedes all previous agreements.

I understand that I may change the percentage of compensation or dollar amount contributed to the Plan only when and as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code (the "Code") deferral limits.

Payroll Information

Specify one of the following:

- New Enrollment
- Restart Payroll Deductions
- Increase Payroll Deductions
- Decrease Payroll Deductions
- Stop Payroll Deductions

Specify the following:

Before-Tax - The total amount that you may contribute to all plans each year is \$1.00 - \$16,500.00 of your annual compensation. The amount that you may contribute is not to exceed the annual maximum contribution allowable under Internal Revenue Code and applicable regulations and/or the provisions of your Plan.

- \$ _____ (per pay period) of my compensation as before-tax contributions (Enter the total amount of contribution per pay period)

I understand that these contributions will be withheld from my paycheck and contributed by the employer to the Plan on my behalf for allocation to my before-tax account.

- I hereby elect not to contribute before-tax dollars to the retirement Plan and thereby do not authorize any deduction of before-tax dollars from my paycheck. Any prior payroll withholding authorization to withhold before-tax dollars is hereby cancelled.

Roth - The total amount that you may contribute to all plans each year is \$1.00 - \$16,500.00 of your annual compensation. The amount that you may contribute is not to exceed the annual maximum contribution allowable under Internal Revenue Code and applicable regulations and/or the provisions of your Plan.

- \$ _____ (per pay period) of my compensation after-tax as designated Roth contributions (Enter the total amount of contribution per pay period)

I understand that these contributions will be withheld from my paycheck and contributed by the employer to the Plan on my behalf for allocation to my Roth account.

- I hereby elect not to contribute designated Roth after-tax dollars to the retirement Plan and thereby do not authorize any deduction of the designated Roth after-tax dollars from my paycheck. Any prior payroll withholding authorization to withhold designated Roth after-tax dollars is hereby cancelled.

Note: The total of your annual before-tax and Roth deferrals cannot exceed \$16,500.00. Your before-tax and Roth deferrals must be specified consistently (both as a percent or both as a dollar amount). If I am 50 years of age or older and I am eligible for a catch-up contribution, I understand I may exceed this total.

Catch-Up Note: If you are making the maximum contributions allowable and are eligible to make additional contributions, please use the "Application for Catch-up Contributions."

Payroll Effective Date: _____
Mo Day Year

Date of Hire: _____
Mo Day Year

Required Signature(s) - I have completed, understand and agree to the terms of this Agreement as indicated on this form.

Participant Signature _____ Date _____

Authorized Plan Administrator Signature _____ Date _____

Participant forward to Plan Administrator

