

Pacifica School District

457(b) Salary Amendment Agreement



PLEASE NOTE: To utilize the full functionality available within this PDF form, Adobe Acrobat is recommended. If using Chrome as your web browser, you will need to save the form and open in Adobe Acrobat prior to completing the form electronically.

For Pre-tax Contributions

This form is used to begin, change or stop contributions to a voluntary 457(b) account with the employer sponsored 457(b) plan.

Form Completion

To complete this form, enter the correct information into each designated field within the 'Employee Information' section. Please ensure all spelling and numbers which are entered are accurate.

Once all employee data has been provided, please enter the correct information into each designated field within the 'Contribution Information' section of this form including your contribution amount and the investment provider to receive your contributions. Please read all contribution limit information prior to determining your contribution amount.

Once all contribution information has been provided you may enter your financial advisor's contact information, if applicable. This information is not required, however recommended if you are working with an advisor.

Please review all information on the completed form for accuracy prior to submission. Once you have verified that all information is accurate, print the form and sign where indicated. Provide this completed and signed form to your employer.

Investment Provider Selection and Information

Employees are solely responsible for the selection and establishment of a 457(b) account prior to submitting this Salary Amendment Agreement. The investment provider list can be found below. Investment provider information can be provided by the plan administrator or on the respective company websites. Further information may be available through a financial advisor or tax professional.

Below is a list of the approved Investment providers for the Employer's 457(b) Plan.
The Salary Amendment Agreement can be found following the Investment Provider Listing.

Investment Provider/Vendor Name	No Monthly Fee	\$3 Monthly Fee (through payroll deduction)
FTJ Fundchoice, Inc - 457		X
Industrial Alliance Pacific - 457	X	
National Life Group (LSW) - 457	X	
Security Benefit - 457	X	

Note: Service Providers with a double asterisk notation (**) are not authorized to accept new accounts under your employer's plan. Please contact Tax Deferred Solutions with any questions.

Monthly Administration Fee

A fee of \$3 per month is charged to each investment provider by the employer's plan administrator to cover the costs of administration. Many investment providers have agreed to pay this fee and do not pass it along to the plan participants. Some investment providers may require that the plan administration fee be paid by the plan participant. If the participant is responsible for paying this fee it will be deducted through an after-tax payroll deduction.

Contribution Limits

Contribution limits are defined by the Internal Revenue Service each year. Based on your age and years of full-time service with your current employer, you may be eligible to contribute more than the normal annual contribution limit. Please contact a financial advisor or your plan administrator for more information on these provisions.

Questions

For questions about this form please contact Tax Deferred Solutions, the plan administrator, at (866) 446-1072.

Pacifica School District
457(b) Salary Amendment Agreement
For Pre-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 457(b) Plan on your behalf. This completed and signed Salary Amendment Agreement is to be used only for the 457(b) Plan of Pacifica School District.

An available list of investment providers can be viewed on page 1 of this form. 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	<p>Based on the date of birth and date of hire provided, you may be eligible to contribute:</p> <p>Normal Limit: \$ <u>18500</u> Age 50+ Provision: \$ <u>0</u></p> <p>Total Estimated Annual Contribution Limit: \$ <u>18500</u></p> <p><i>You may also be eligible to utilize a 'Final 3 Year' catch-up depending on your age and retirement year. Please contact a financial advisor or tax professional to calculate your potential eligibility for this additional contribution. Note: the plan administrator is required to authorize the use of the 'Final 3 Year' provision.</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; margin-top: 10px;"> <thead> <tr> <th style="width: 45%;">Investment Provider</th> <th style="width: 15%;">Account No. (Required)</th> <th style="width: 20%;">Contribution Amount</th> <th style="width: 20%;">\$3 After-tax Fee**</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">▼</td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">▼</td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">▼</td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">▼</td><td></td><td></td><td></td></tr> </tbody> </table> <p><small>** 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 1 of this form.</small></p> <p>Total PRE-TAX contribution amount each payroll cycle: \$ _____</p>				Investment Provider	Account No. (Required)	Contribution Amount	\$3 After-tax Fee**	▼				▼				▼				▼			
Investment Provider	Account No. (Required)	Contribution Amount	\$3 After-tax Fee**																					
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Effective Date of Change	The effective date of this salary amendment agreement is as soon as administratively feasible, but no earlier 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 earlier than June).																							
Financial Advisor Information	Advisor Name		Advisor Phone																					
	Email Address		Firm Name																					