Anchor Bay School District 5201 County Line Rd. Suite 100 Casco, MI 48064

### **Important Notice**

Before you sign: Read this information carefully. Each Employee who initiates or changes contributions to a 403 (B) program or a 457 plan from the board approved Annuity Company List shall be responsible for determining that the salary reduction amount does not exceed the limits as set forth in Applicable Law. For each employee contributing the annual maximum or more or utilizing the "catch-up provisions" or the "special elections" allowed by the Internal Revenue Code, a Maximum Amount Contributable (MAC) calculation shall be provided to Employer by Service Provider each calendar year. Furthermore, Employee agrees to indemnify and hold harmless against any and all actions, claims and demands whatsoever that may arise from the purchase of annuities or custodial accounts for Employees in excess of contribution limits as defined under Application Law except where an MAC was calculated by Service Providers based on accurate information provided by Employee.

Service Provider Signature

**Implementation Date:** Salary reduction instructions shall be implemented in accordance with the Employer's payroll schedule.

### Part 1. Employee Signature

# SALARY REDUCTION AGREEMENT

Part 2. Employee Information

Employee Name

S.S.N.

**Employee Address** 

## **Part 3. Contribution Information** (Select all that apply)

- Service Provider
  Name
  - 403B\_\_\_\_\_457\_\_\_\_ Initiate new salary reduction Please deduct the amount of
- \$\_\_\_\_\_per pay.
  Change salary reduction Please change the amount of my per pay reduction from \$ to\$
- Change Service Provider
  Please change my Service Provider
  from \_\_\_\_\_\_to \_\_\_\_\_
- Discontinue salary reduction
  Please discontinue my TSA salary
  reduction with the following Service
  Provider:

### Part 4. Employer Signature

Employer hereby agrees to this Salary Reduction Agreement

**Employer Signature** 

Date

Payroll Start Date

Title