

**CONFIRMATION OF REQUEST TO
PARTICIPATE IN THE
WARREN CONSOLIDATED SCHOOLS 403(B) PLAN (“PLAN”)**

To: Warren Consolidated Schools Board of Education (“School District”)

From: _____ Employee ID# _____
(Name of Employee)

I hereby acknowledge:

- 1) Under Michigan law, the School District shall have no liability to me or my beneficiaries because of my Plan investment selections.
- 2) I have made all investigations and inquiries that I have deemed necessary relating to the investment risks and tax treatment of my Plan investments.
- 3) I assume full responsibility for the periodic review of investment performance and changes in investment risk or tax treatment.
- 4) I have been advised by the School District to consult with my legal, tax and/or investment advisor concerning my Plan investments.
- 5) I understand that the School District and its agents and employees have not made any investigation concerning my Plan investments and have not given me any recommendations or advice about it; I also understand that they will not do so in the future.
- 6) I understand that complex tax laws apply to my Plan investments; I assume full responsibility to comply with those laws and will hold the Board harmless against any claims, damages, or expenses associated with my failure to comply.
- 7) I understand that selection of a beneficiary and/or a pay-out option for my Plan investments could have important financial and tax consequences for my family and my estate, and that those consequences could change as my family and financial circumstances change; I assume full responsibility for obtaining appropriate professional advice on these matters.

I HAVE READ THE ABOVE AND UNDERSTAND IT. MY SIGNATURE BELOW WITNESSES MY AGREEMENT TO THESE TERMS AND CONDITIONS.

Date: _____

Signature: _____