

Social Security Number	Name (Last, First, Middle)	School Site

SALARY REDUCTION AUTHORIZATION

Pursuant to the provisions and conditions set forth on the bottom of this page, I hereby request and authorize _____ Payroll Department to reduce my salary by \$_____ per pay period and direct the amount of such reduction to the insurance/mutual fund company indicated below.

Employee Annual Contribution \$ _____ Effective Date of Change ____/____/____

CHECK ALL THAT APPLY:

Change in deduction amount	Increase	Decrease	
Change in Company	Additional Company	New 403(b)	Annual Salary Increase

CHECK APPLICABLE BOX: 10 Pay 11 Pay 12 Pay Other: _____

INSURANCE COMPANY/MUTUAL FUND TO RECEIVE 403(b) FUNDS:

Name of Company: _____ Amount: \$ _____ 403(b) Compare Number: _____
 Company Address: _____

Name of Company: _____ Amount: \$ _____ 403(b) Compare Number: _____
 Company Address: _____

 Representative Name (Please Print) _____
 Representative Phone Number

CANCELLATION REQUEST

Please CANCEL my previous Tax Deferred Retirement Contribution to:

_____ Company Name	_____ Company Name
_____ Company Address	_____ Company Address

SALARY REDUCTION AGREEMENT/AMENDMENT TO EMPLOYMENT CONTRACT

It is agreed that the wages earned or contract of employment between my Employer and the below-named Employee is amended effective the first day of the month following the below date so that thereafter, my Employer is requested and authorized by Employee to reduce the amount of salary payments due employee and to direct the amount of such salary reduction to the company indicated above for the purchase by that company of 403(b) account for Employee under the provisions of Sec. 403(b) of the U.S. Internal Revenue Code and other applicable law. By signature of Employee below, receipt of copy of this Salary Reduction Agreement/Amendment to Employment Contract on the below is date is hereby acknowledged.

It is also agreed that this Salary Reduction Agreement/Amendment to Employment Contract shall apply to any future wages/employment contracts or any amendment to the present or to any future wages/employment contract, providing only that the Employee has the right, at any time, to revoke this agreement.

Employee agrees that my Employer shall in no way be liable to Employee or their successors for any money damages which might arise from the federal or state tax consequences of their participation in a 403(b) retirement account and consistent therewith, Employee further agrees to save and hold harmless my Employer from any such money damages.

Employee Signature: _____ Date: _____