

403(b) Salary Amendment Agreement

The Salary Amendment Agreement is used to establish, change, or cancel elective deferrals withheld from your paycheck and contributed to an account within the employer-sponsored 403(b) Plan on your behalf. This completed and signed Salary Amendment Agreement is to be used only for the 403(b) plan offered by **Plumas Unified School District** (hereinafter referred to as 'Employer').

Employee Information	Employee Name		Social Security Number	
	Employee Street Address		<input type="checkbox"/> 10 Pay <input type="checkbox"/> 11 Pay <input type="checkbox"/> 12 Pay <input type="checkbox"/> Other: _____	
	Email Address		Home Phone	
	Date of Birth	Date of Hire	Work Phone	

Contribution Information	<input type="checkbox"/> I wish to BEGIN contributions to a <i>pre-tax</i> 403(b) account <input type="checkbox"/> I wish to CHANGE contributions to a <i>pre-tax</i> 403(b) account <input type="checkbox"/> I wish to CANCEL all contributions to a <i>pre-tax</i> 403(b) account <i>Effective Date: This salary amendment will go into effect as soon as administratively feasible but no later than the first day of the month following the date of submission and acceptance (e.g. If the form is received in May, contributions may begin no later than June). The first payroll in the month following the submission and acceptance of this form is deemed the effective date.</i>
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Investment Provider Information	Investment Provider Name	403bcompare.com Number*	Contribution \$ Amount	Account Number †
		#	\$	#
		#	\$	#
		#	\$	#
<small>*New 403(b) accounts must have a 403bcompare.com number listed †403(b) account must be established PRIOR to submitting a Salary Amendment Agreement to your Employer</small>				

Financial Advisor Information	Advisor Name		Advisor Phone	
	Email Address		Firm Name	

Employee Approval	I understand and agree to the following: <ul style="list-style-type: none"> This Salary Amendment Agreement is an agreement between me and my Employer which I have entered into voluntarily. This Agreement supersedes all prior 403(b) Salary Amendment Agreements and will automatically terminate if my employment is terminated. This Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect. This Agreement may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent. This Agreement may be changed with respect to amounts not yet paid or available. 	
	I understand that I may not contribute an amount which will exceed the annual deferral limits under Code Section 415 or permit excess elective deferrals under Code Section 402(g). If, based on information held by my employer or the plan administrator (Tax Deferred Solutions/TDS), either my employer or TDS believes additional contributions will cause me to exceed limits under Code Section 415 or 402(g), I authorize the automatic cancellation of this Salary Amendment Agreement. In the event this Salary Amendment Agreement is automatically cancelled for excess contribution limits, I understand the cancellation of this Agreement due to exceeding verifiable contribution limits does not terminate the Agreement permanently, and contributions will resume as soon as administratively feasible.	
	I understand that TDS, the plan administrator, charges each Investment Provider an administration fee of \$3.00 per month for each Investment Account administered in the Plan. In the event the Investment Provider selected above does not agree to pay the administration fee, I authorize and direct employer to deduct the administration fee directly from my paycheck each month through an after-tax payroll deduction.	
	I have read and understand all information contained on page 4 of this Agreement	
	Employee Signature: X	Date:

Employer Authorization	Employer Acceptance (Signature): X	Date:
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