



403(b) Salary Reduction Agreement

This salary reduction agreement does not establish a 403(b) with a specific vendor but only authorizes the withholding of funds from your paycheck. Please contact a district-approved vendor to establish an account.

Participant Information

Social Security No. _____ Name _____

Select Reason for Salary Reduction Agreement

- ☐ New Enrollment—Please complete a 403(b) Application with approved vendor. Effective _____
☐ Change Contributions. Effective _____ ☐ Terminate Contributions. Effective _____

Employee Deferrals—Section 403(b) Pre-Tax Deferral Election

I hereby authorize the Ripon Area School District ("District") to withhold \$_____ from my compensation per pay period. The District shall remit the withheld funds above to the following Vendor(s) that I have selected below. Please select either the fixed-dollar method OR the percentage method.

Table with 4 columns: Employee Amount, Percentage Method, District-Approved Vendor Name, Account Number. Includes rows for fixed-dollar and percentage methods.

Employee Deferrals—Section 403(b) Roth (After-Tax) Deferral Election

I hereby authorize the Ripon Area School District ("District") to withhold \$_____ from my compensation per pay period. The District shall remit the withheld funds above to the following Vendor(s) that I have selected below. Please select either the fixed-dollar method OR the percentage method.

Table with 4 columns: Employee Amount, Percentage Method, District-Approved Vendor Name, Account Number. Includes rows for fixed-dollar and percentage methods.

The salary reduction amount indicated above will only be processed if there is sufficient salary to cover the request.

Employee Authorization (Forward signed copy to employer.)

I request and authorize my employer to reduce my salary and to apply the amount of the salary reduction to purchase a tax-sheltered annuity for me, within the meaning of Section 403(b) of the Internal Revenue Code, or to establish for me a custodial account, within the meaning of Section 403(b)(7) of the Internal Revenue Code. Remit this sum to the approved vendor. This agreement shall be effective while employment continues; however, either party may terminate the agreement, so it will not apply to salary subsequently earned. I agree to be bound by all the terms and conditions of the Plan. All Section 403(b) contracts purchased for an individual by an employer are treated as purchased under a single contract.

Employee's Signature _____ Date _____

Employer Approval (This section MUST be completed.)

The employer will remit the amount of the salary reduction described above to the approved investment provider indicated above for investment into a 403(b) account.

Employer's Signature _____ Date _____

Name and Position Agreement _____ Effective Date _____

Participant's Summer Remittance Schedule: ☐ Year-Round ☐ School Year Only ☐ Accelerated Summer Pay ☐ Other