

403(b) Salary Reduction Agreement Common Remitter

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. _____ | Employer Name _____ |
| Name _____ Last First Middle | Date of Hire _____ / _____ / _____ |
| Address _____ City State ZIP | Date of Birth _____ / _____ / _____ |
| E-Mail _____ | Daytime Phone (_____) _____ |
| | Evening Phone (_____) _____ |

Select Reason for Salary Reduction Agreement

- New Enrollment—Please complete a 403(b) Application.
 Change
 Terminate Contributions

Employee Contribution Information (this agreement replaces prior agreements)

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

I hereby authorize the school district of _____ ("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 (if your employer allows).

| Employee Amount | Percentage Method | District-Approved Vendor Name | Account Number |
|-----------------|-------------------|-------------------------------|----------------|
| \$ _____ | _____ % | _____ | _____ |
| \$ _____ | _____ % | _____ | _____ |
| \$ _____ | _____ % | _____ | _____ |

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

(Please consult with employer to determine if this option is available.)

I hereby authorize the school district of _____ ("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 (if your employer allows).

| Employee Amount | Percentage Method | District-Approved Vendor Name | Account Number |
|-----------------|-------------------|-------------------------------|----------------|
| \$ _____ | _____ % | _____ | _____ |
| \$ _____ | _____ % | _____ | _____ |
| \$ _____ | _____ % | _____ | _____ |

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 WEA Tax Sheltered Annuity Trust as common remitter.

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 WEA Tax Sheltered Annuity Trust as common remitter for investment into a 403(b) account.

Employer's Signature _____ Date _____ Unit # _____

Name and Position _____ Agreement Effective Date _____

Participant's Summer Remittance Schedule:

Year-Round School Year Only Accelerated Summer Pay Other _____

403 (b) Providers to choose from:

Ameriprise Financial, Inc.

70100 Ameriprise Financial Center

Minneapolis, MN 55474

www.ameriprise.com

800-297-6663

AXA Equitable Life Insurance Company

1290 Avenue of the Americas

New York, NY 10104

www.axa.com/teacher

800-628-6673

~~**Metropolitan Life Insurance Company**~~

~~400 Atrium Drive~~

~~Somerset, NJ 08873~~

~~www.metlife.com~~

~~800-638-8378~~

Thrivent Financial

4321 N. Ballard Road

Appleton, WI 54919

www.thrivent.com

800-847-4836

WEA Member Benefits

PO Box 7893

Madison, WI 53707-7893

www.weabenefits.com

800-279-4030