



**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 my selected vendor(s).

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 vendor(s) selected by the employee 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 \_\_\_\_\_