

JACKSON COUNTY CENTRAL #2895
1128 NORTH HIGHWAY
JACKSON MN 56143-1075
507-847-3608

- _____ New Account 403 (b)
- _____ New Account Roth Contribution (After-Tax Compensation)
- _____ Change in Existing 403 (b) Acct.
- _____ 403 (b) Matching Fund Acct.
- _____ Change in Existing 403 (b) Matching Fund Acct.

Date: _____

Employee Name: _____

This Salary Reduction Agreement is legally binding and irrevocable with respect to all amounts earned by the employee while this Agreement is in effect, provided however, that the Employee may terminate the entire Agreement with respect to amounts not earned at the time of termination.

Effective with the salary deduction on _____ (date), I hereby request and authorize that my salary be reduced by \$ _____ per paycheck at _____ pays per year for an annual deduction of \$ _____.

My matching employer contribution of \$ _____ at _____ pays for an annual employer matching contribution amount of \$ _____.

The undersigned employee certifies and agrees to determine on an annual basis hereafter that the salary reduction amount designated in this salary reduction agreement and all other such agreements in effect with District #2895 meets all conditions required by Federal and State Statutes including annual limitations as to the amount of exclusion allowance.

Name of Company _____

Address _____

Employee Signature _____ Date _____

Company Representative _____ Date _____

Employer Signature _____ Date _____

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As agent for the insuring company, I have investigated the eligibility of the applicant to qualify for a tax-deferred annuity and/or insurance contract in the amount shown and certify that this agreement satisfies all conditions required by federal and state statutes including annual limitation as to amount of exclusion allowance. This annuity and/or insurance contract is not valid unless the agent agrees to these.

Agent of Insurance Company

Date