PRESTON BOARD OF EDUCATION - Employee 403(b) Plan

Salary Reduction/Participation Agreement Date of Request _____

SSN: [ ] [ ] [ ]

Name: _____
First MI Last

Address: _____
Street City State Zip

H Phone: ( ) _____ DOB: ___/___/_____
mm/dd/yyyy

W Phone: ( ) _____

Check: ____ New Participant ____ Allocation Change
____ New Contract ____ Increase ____ Decrease
____ Restart ____ Suspend ____ Terminate

Payroll Information Effective Date: ___/___/_____
mm/dd/yyyy

403(b) - 1st Reduction
Approved 403(b) Provider: _____

Employee Salary Reduction: $ _____ Per Pay or _____ % Per Pay

Employer Contribution: _____ % Per Pay, if applicable by contract

403(b) - 2nd Reduction
Approved 403(b) Provider: _____

Employee Salary Reduction: $ _____ Per Pay or _____ % Per Pay

Employer Contribution: _____ % Per Pay, if applicable by contract

Benerficiary Information

Primary Beneficiary: _____ SSN: _____
Relation to Employee: _____

Contingent Beneficiary: _____ SSN: _____
Relation to Employee: _____

Acknowledgement

I hereby authorize the Preston Board of Education to reduce my earnings by the amounts or percentages indicated above.

_____
Employee Signature Date

_____
Licensed 403(b) Sales Representative

_____
Representative Company

( ) _____
Representative Phone Number