

CLERMONT COUNTY EDUCATIONAL SERVICE CENTER
 2400 CLERMONT CENTER DRIVE STE 202
 BATAVIA, OH 45103
 (513) 735-8300

REQUEST AND AUTHORIZATION FOR THE PURCHASE OF A TAX SHELTERED ANNUITY BY SALARY REDUCTION

Important Notice

Before you sign: Read the important information on the reverse side of this form.

Part 1. Employee Information

Name _____ SS#: _____

Address _____

Part 2. Contribution Information: (Select all that apply)

- Initiate new salary reduction Please deduct the amount of \$ _____ or _____% per pay.
- Change salary reduction This is notification to change the amount of my TSA salary reduction from \$ _____ or _____% to \$ _____ or _____%.
- Change service provider This is notification to change my Service Provider (indicate amounts in Part 3) from _____ to _____.
- Discontinue salary reduction Please discontinue my TSA salary reduction with the following Service Provider: _____
- Employee is utilizing catch-up provisions/ special elections

Implementation date: Salary reduction shall be implemented in accordance with Employer's administrative schedule.

Part 3. Service Provider

	\$ or % of Compensation Per Reduction	Service Provider
1.		
2.		
3.		
4.		

Part 4. Agreement

The above named employee agrees to modify his/her salary as indicated. Employer agrees to contribute this amount on Employee's behalf into the annuity or custodial accounts selected by Employee. It is intended that the requirements of all applicable state or federal income tax rules and regulations (Applicable Law) will be met. The Employee understands and agrees to the following:

- 1) this Salary Reduction Agreement is legally binding and irrevocable with respects to amounts paid or available while this agreement is in effect;
- 2) this Salary Reduction Agreement may be terminated at any time for amounts not yet paid or available, and that a termination request is permitted and remains in effect until a new Salary Reduction Agreement is submitted; and
- 3) this Salary Reduction Agreement may be changed with respect to amounts not yet paid or available in accordance with the employer's administrative procedures.

Part 4. Agreement (continued)

Employee is responsible for determining that the salary reduction amount does not exceed the limits as set forth in Applicable Law. Furthermore, Employee agrees to indemnify and hold Employer harmless against any and all actions, claims and demands whatsoever that may arise from the purchase of the annuities or custodial accounts for Employees in amounts in excess of contribution limits as defined under Applicable Law.

Employee acknowledges that Employer had made no representation to Employee regarding the advisability, appropriateness or tax consequences of the purchase of the annuity and/or custodial account described herein. Employee agrees Employer shall have no liability whatsoever for any and all losses suffered by Employee with regard to his/her selection and purchase of shares of regulated investment companies. Nothing herein shall affect the terms of employment between Employer and Employee. This agreement supersedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

Important Information

1. Employer does not choose the annuity contract or custodial account in which your contributions are invested.
2. Employees are responsible for setting up and signing legal documents to establish your contracts or custodial account. However, in certain group annuity contracts, the Employer is requested to establish the contract.
3. In order to receive the expected tax results, Employees are responsible for investing in annuity contracts or custodial accounts that meet the requirements of Section 403(b) of the Internal Revenue Code.
4. Employees are responsible for naming a death beneficiary under annuity contracts or custodial accounts. This is normally done at the time of contract or account established. Beneficiary designations should be reviewed periodically.
5. Employees are responsible for all distributions and any other transactions with Service Provider. All rights under contracts or accounts are enforceable solely by Employee, Employee beneficiary or Employee's authorized representative. Employee must deal directly with Service Provider to make loans, transfer to different contracts or custodial accounts, begin distributions, or any other transactions.
6. Employees are responsible for determining that salary reductions do not exceed the allowable contribution limits under Applicable Law. You are strongly encouraged to have an annual maximum exclusion calculation performed by the chosen Service Provider.

Part 5. Employee Signature

I certify that I have read this complete agreement and that my salary reductions do not exceed contribution limits as determined by Applicable Law. I understand my responsibilities as an Employee under this Program, and I request that Employer take the action specified in this agreement. I understand that all rights under the annuity or custodial account established by me under the Program are enforceable by me, my beneficiary or my authorized representative.

Employee Signature: _____ Date: _____

Part 6. Employer Signature

Employer hereby agrees to this Salary Reduction Agreement.

Employer Signature _____ Date: _____

Title _____