



Tempe Tri-District/Kyrene School District
SALARY REDUCTION AGREEMENT
 for sponsored 403(b)(7) and 457(b) PROGRAMS
 In Partnership with **Voya Financial Advisors**
 Effective January 2015

Section 1: Employee Information

Today's Date / /	Employee ID	Last Name	First Name
Date of Birth / /	Work Location	Home Phone ()	Work Phone ()

Section 2: Contribution Information

Type of Plan: (one form for each plan type required)

403(b) **Roth 403(b)** (Note: this is an after-tax contribution)
 457(b) **Roth 457(b)** (Note: this is an after-tax contribution)

The per pay amount specified below will be 24 pays per year for 12 month employees, 18 pays per year for all others

New Agreement Effective Date: ____/____/____

Pre-tax Contribution: \$_____ per pay or **After-tax** Contribution: \$_____ per pay

Change existing or restart Contribution Effective Date: ____/____/____

Pre-tax Contribution: \$_____ per pay or **After-tax** Contribution: \$_____ per pay

Cancel/Suspend Contributions Stop Date: ____/____/____

Catch-Up Provisions (As of December 31, 2015, I'll be age 50 and elect to use the Age 50 Catch-up contribution) Effective Date: ____/____/____

Pre-tax Contribution: \$_____ per pay or **After-tax** Contribution: \$_____ per pay

Section 3: Representation by Employee

A. Participation in other employer plans: (you must check only one)

_____ I do not and will not have any other elective deferrals, voluntary salary reduction contributions, or non-elective contributions with any other employer.

_____ I participate in another employer's 403(b), 457(b), 401(k), Simple IRA/401(k), or Salary Reduction SEP. The following information pertains to all of my other employers for the current calendar year:

Elective Deferrals and/or salary reduction contributions to a Roth 403(b) or Roth 401(k) plan,

Annual Amt \$_____;

Non-elective (Employer Paid) Contributions, Annual Amt \$_____.

B. Hardship Certification:

_____ I **Have** **Have Not** received a Hardship Distribution from a plan of this employer or a previous employer within the last six months.

C. Maximum Elective Deferral or Roth 403(b) salary reduction contribution: (you must check only one)

_____ My elective deferral/salary reduction contribution does not exceed the Basic Limit of \$18,000.

_____ My elective deferral exceeds the Basic Limit, however; with my age, I meet the criteria for the "Age 50 Catch-up Provision" of \$6,000. (Check only if Catch-Up Provision was designated in Section 2)

Section 4:

Employee Certification

I elect to contribute to the Tempe District #3 403(b) or 457(b) Programs with Voya Financial Advisors ("the Plan") and be bound by all the terms and conditions of the plan. I hereby direct Tempe District #3 to reduce my salary each pay period, by the amount or percentage election in Section 2, to be invested in such assets as I may designate from time to time. It is intended that the requirements of Section 403(b) and/or 457(b) of the Internal Revenue Code will be met. I understand and agree that:

- This Agreement is binding and irrevocable with respect to amounts paid or made available while this Agreement is in effect;
- This Agreement shall remain in effect for the duration of my employment with Tempe District #3 or until changed or terminated by me or Tempe District #3 in accordance with the procedures outlined in the Plan document;
- This Agreement may be terminated at any time for amounts not yet paid or available, and that the termination request is permanent and remains in effect until a new Salary Reduction Agreement is submitted;
- I may change my salary reduction contribution amount, or terminate this Agreement altogether, at any time with respect to amounts not yet paid or made available by completing this agreement and submitting it to the Tempe District #3 Payroll Department. Any such change in salary reduction contribution amount shall be effective as of the next regularly scheduled pay date if received by the payroll cut-off date;
- I am responsible for performing, or having performed on my behalf, the calculations to determine my maximum annual contribution amount;
- I am responsible to provide notification to Tempe District #3, or its agent, prior to initiating a request if I plan to elect a hardship distribution during the term of this agreement;
- I must deal directly with Voya Financial Advisors to make loans, transfers, apply for hardship distributions, begin regular distributions, or any other transactions;
- My employer does not choose how my contributions are invested; and
- I am responsible for setting up and signing the legal documents to establish a custodial account that meets all IRS requirements;

By signing this Salary Reduction Agreement, I certify that my salary reduction contribution does not exceed the maximum annual contribution limits of Sections 415(c)(1) and 414(v) of the Internal Revenue Code. Furthermore, by signing, I agree to indemnify and hold Tempe District #3 harmless against any and all actions, claims, and demands whatsoever that may arise from this agreement, my contributions intended to purchase, or the purchase of annuities or custodial accounts. I acknowledge that Tempe District #3 nor its employees have made no representation regarding the advisability, appropriateness, or tax consequences of the purchase of the annuity and/or custodial accounts. Further, I agree that Tempe District #3 shall have no liability whatsoever for any and all losses suffered by me with regard to the selection of the annuity and/or custodial account. Nothing herein shall affect the terms of employment between me and Tempe District #3. This agreement supersedes all prior salary reduction agreements for 403(b) and 457(b) programs and shall automatically terminate if my employment with Tempe District #3 is terminated.

All information contained within this document is correct to the best of my knowledge.

Employee Signature: _____

Date: ____/____/____

Completed forms should be returned to the Payroll Department
Incomplete Salary Reduction Agreements will be returned to the Employee

For Office Use Only				
PR Effective Date	ING Code	Limit Change	Completed By/Date	Audit
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