

Traditional 403(b) – PRE TAX

Pursuant to the provisions and conditions set forth on the bottom of this page, I hereby request and authorize the Payroll Department of **Santa Cruz City Schools District** to reduce my salary by, or in the event of an after tax contribution, to deduct from my salary, the amount indicated in Section A of this form and direct the amount of such reduction/deduction to the insurance company and/or mutual fund company indicated in Section C below.

SECTION - A

Employee Full Name: _____ Date of Birth: _____
 Social Security Number: _____ Work Site: _____ Date of Hire: _____
 Employee Contribution per Pay Period: \$ _____ 10 Pay 11 Pay 12 Pay Other _____
 Effective Date of Change: _____ / _____ / _____ Employee Annual Contribution: \$ _____

SECTION - B

CHECK ALL THAT APPLY:

<input type="checkbox"/> New Contribution	<input type="checkbox"/> Change in Company	<input type="checkbox"/> Increase in Contribution Amount
<input type="checkbox"/> Additional Company	<input type="checkbox"/> Stop All Contributions	<input type="checkbox"/> Decrease in Contribution Amount

SECTION – C

INSURANCE COMPANY/MUTUAL FUND TO RECEIVE 403(B) CONTRIBUTIONS:

Name of Company: _____	Amount: \$ _____	Number: _____	403(b) Compare
Company Address: _____			
Name of Company: _____	Amount: \$ _____	Number: _____	403(b) Compare
Company Address: _____			

SECTION – D

CANCELLATION REQUEST – Please cancel contributions to the following companies:

_____ Company Name	_____ Company Address
_____ Company Name	_____ Company Address

SALARY REDUCTION / DEDUCTION AMENDMENT TO EMPLOYMENT CONTRACT

It is agreed that the wages earned or contract of employment between the Employer and the below-signed Employee is amended effective as of the Effective Date of change listed in Section A of this form so that thereafter, the Employer is requested and authorized by Employee to reduce the amount of salary payments due employee and to direct the amount of such salary reduction to the company indicated above for the purchase by that company of 403(b) account for Employee under the provisions of Sec. 403(b) of the U.S. Internal Revenue Code and other applicable law. By signature of employee below, receipt of copy of this Salary Reduction Agreement/Amendment to Employment Contract on the below date is hereby acknowledged.

It is also agreed that this Salary Reduction/Deduction Agreement and Amendment to Employment Contract shall apply to any future wages/employment contracts or any amendment to the present or to any future wages/employment contract, providing only that the employee has the right, at any time, to revoke this agreement.

Employee agrees that my Employer shall in no way be liable to Employee or their successors for any money damages which might arise from the federal or state tax consequences of their participation in a 403(b) retirement account and consistent therewith, Employee further agrees to save and hold harmless my Employer from any such money damages.

Employee Signature: _____ Date: _____
 Advisor Name (if applicable): _____ Phone: _____
 District/Employer Authorization: _____ Date: _____