

**Gustine Unified School District**  
**403(b) Salary Amendment Agreement**

*PLEASE NOTE: To utilize the full functionality available within this PDF form, Adobe Acrobat is recommended. If using Chrome as your web browser, you will need to save the form and open in Adobe Acrobat prior to completing the form electronically.*

**For Pre-tax Contributions**

This form is used to begin, change or stop contributions to a voluntary 403(b) account with the employer sponsored 403(b) plan.

**Form Completion**

To complete this form, enter the correct information into each designated field within the 'Employee Information' section. Please ensure all spelling and numbers which are entered are accurate.

Once all employee data has been provided, please enter the correct information into each designated field within the 'Contribution Information' section of this form including your contribution amount and the investment provider to receive your contributions. Please read all contribution limit information prior to determining your contribution amount.

Once all contribution information has been provided you may enter your financial advisor's contact information, if applicable. This information is not required, however recommended if you are working with an advisor.

Please review all information on the completed form for accuracy prior to submission. Once you have verified that all information is accurate, print the form and sign where indicated. Provide this completed and signed form to your employer.

**Investment Provider Selection and Information**

Employees are solely responsible for the selection and establishment of a 403(b) account prior to submitting this Salary Amendment Agreement. The investment provider list can be found on page 2 of this form. Investment provider information can be provided by the plan administrator or on the respective company websites. Further information may be available through a financial advisor or tax professional.

**Monthly Administration Fee**

A fee of \$3 per month is charged to each investment provider by the employer's plan administrator to cover the costs of administration. Many investment providers have agreed to pay this fee and do not pass it along to the plan participants. Some investment providers may require that the plan administration fee be paid by the plan participant. If the participant is responsible for paying this fee it will be deducted through an after-tax payroll deduction.

**Contribution Limits**

Contribution limits are defined by the Internal Revenue Service each year. Based on your age and years of full-time service with your current employer, you may be eligible to contribute more than the normal annual contribution limit. Please contact a financial advisor or your plan administrator for more information on these provisions.

**Questions**

For questions about this form please contact Tax Deferred Solutions, the plan administrator, at (866) 446-1072.

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Below is a list of the approved Investment providers for the Employer's 403(b) Plan.  
 The Salary Amendment Agreement can be found following the Investment Provider Listing.

403bcompare Code	Investment Provider/Vendor Name	No Monthly Fee	\$3 Monthly Fee (through payroll deduction)
1164	American Century Services LLC	X	
1062	American Fidelity Assurance Co.	X	
1057	American Funds Service Company	X	
1128	American United Life Ins Co 1	X	
1035	Americo Financial Life/Annuity	X	
1041	Ameriprise Financial Services, Inc.	X	
1067	AXA Equitable Life Insurance Company	X	
1073	Brighthouse Life Ins (MetLife CT/Travelers)	X	
1926	California Teachers Association (CTA)	X	
1097	CalSTRS Pension 2 (VOYA)	X	
1133	Fidelity Management Trust	X	
1025	Fiduciary Trust Intl-Franklin Templeton	X	
1077	Foresters Financial (First Investors)	X	
1148	FTJ Fundchoice, Inc	X	
1018	Global Atlantic Financial Group	X	
1817	GLP & Associates	X	
1092	Great American Insurance Group	X	
1113	GWN/Employee Deposit Acct	X	
1014	Horace Mann Life Ins. Co.	X	
1135	Industrial Alliance Ins & Fin. Serv. Inc	X	
1108	Jackson National Life III	X	
1068	Lincoln Investment Planning	X	
1029	Lincoln National	X	
1024	MetLife	X	
1043	Midland National Life Insurance	X	
1015	Modern Woodmen of America	X	
1036	National Life Group (LSW)	X	
1472	North American Company 2	X	
1083	NY Life Ins. & Annuity Corp.	X	
1121	Oppenheimer Shareholder Svcs.	X	
1130	Pacific Life Insurance Company	X	
1030	PFS Investments	X	
1127	PlanMember Services Corp.	X	
1145	Putnam Investments	X	
1022	Security Benefit	X	
1052	The Legend Group/ADSERV	X	
1038	Thrivent Financial for Lutherans	X	
1023	TIAA-CREF	X	
1076	Transamerica Fund Services, Inc. - 403(b)	X	
1053	USAA Life Insurance Co.	X	
1117	VALIC	X	
1102	Vanguard Fiduciary Trust Co.	X	
1060	Voya Financial (Reliastar)	X	
1060	Voya Financial (VRIAC)	X	
1042	Waddell & Reed Inc.	X	
1162	Western National (AIG) - 1	X	

Note: Service Providers with a double asterisk notation (\*\*) are not authorized to accept new accounts under your employer's plan. Please contact Tax Deferred Solutions with any questions.

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The Salary Amendment Agreement is used to establish, change, or cancel voluntary contributions made from your paycheck and remitted to an account within an employer-sponsored 403(b) Plan on your behalf. This completed and signed Salary Amendment Agreement is to be used only for the 403(b) Plan of Gustine Unified School District.

An available list of investment providers can be viewed on page 2 of this form. Further information for investment providers may be found at [www.403bcompare.com](http://www.403bcompare.com). Please consult with a financial advisor or tax professional regarding your investment options and contribution limits.

<b>Employee Information</b>	Employee Name		Social Security Number																											
	Employee Street Address		Term	Contribution Frequency																										
	City		School Term Full Term	Monthly Pay Bi-weekly Pay																										
	Email Address		State	Zip Code																										
	Date of Birth	Date of Hire	Home Phone																											
<b>Contribution Information</b>	Based on the date of birth and date of hire provided, you may be eligible to contribute:																													
	Normal Limit: \$ _____ Age 50+ Provision: \$ _____ 15 Years+ Provision: \$ _____																													
	Total Estimated Annual Contribution Limit: \$ _____																													
	<i>Note: These estimated calculations are not a recommendation or guarantee of contribution limits. Please refer to your financial advisor or tax professional to ensure your eligibility for contributions over the normal limit. The Plan Administrator must approve the calculations of the '15 Years' Provision prior to its use.</i>																													
	1. To START plan contributions select the applicable provider and enter the dollar amount of contributions.																													
	2. To CHANGE plan contributions select the applicable provider and enter the new dollar amount of contributions.																													
	3. To CANCEL plan contributions select the applicable provider and enter the 0 (zero) as the amount of contributions.																													
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Investment Provider</th> <th style="width:10%;">403bCompare Number*</th> <th style="width:10%;">Account No. (Required)</th> <th style="width:15%;">Contribution Amount</th> <th style="width:15%;">\$3 After-tax Fee**</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					Investment Provider	403bCompare Number*	Account No. (Required)	Contribution Amount	\$3 After-tax Fee**																				
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* All new accounts must have a valid 403bCompare.com number associated with the investment provider selected.																														
** An after-tax administration fee of \$3 will be deducted for each account to which an employee is actively contributing if that account is not with a provider that has agreed to pay this administration fee on behalf of the participant. Fee information can be found on page 2 of this form. Further information for investment providers may be found at <a href="http://www.403bcompare.com">www.403bcompare.com</a> .																														
Total PRE-TAX contribution amount each payroll cycle: \$ _____																														
<b>Effective Date of Change</b>	The effective date of this salary amendment agreement is as soon as administratively feasible, but no later than the first applicable payroll in the month following the date of submission in good order (e.g. If the form is received in May, contributions may begin no later than June).																													
<b>Financial Advisor Information</b>	Advisor Name		Advisor Phone																											
	Email Address		Firm Name																											

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<p>Employee Agreement and Important Information</p>	<p>By signing this Agreement, Employee agrees to modify his/her salary as indicated and Employer agrees to contribute this amount on Employee's behalf into the 403(b) annuity(s) or custodial account(s) selected by Employee and authorized by Employer under the Employer's 403(b) Plan. Employer agrees to properly identify pre-tax 403(b) contributions and after-tax Roth contributions for proper allocation to segregated accounts by the investment providers. It is intended that the requirements of all applicable state and federal tax rules and regulations (Applicable Law) will be met.</p> <p>Employee understands and agrees that this Agreement:</p> <ul style="list-style-type: none"> <li>• Is legally binding and irrevocable with respect to amounts paid or available while it is in effect and is effective only for amounts not yet earned or made available.</li> <li>• May be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new salary amendment agreement is submitted.</li> <li>• Supersedes all prior 403(b) salary reduction/amendment agreements and shall automatically terminate if employment with the Employer is terminated.</li> </ul> <p>Employee further understands and agrees that Employee:</p> <ul style="list-style-type: none"> <li>• Is responsible for determining that annual salary reduction contributions to all elective deferral plans do not exceed the limits of the Applicable Law.</li> <li>• Is responsible for identifying that portion of his/her contribution which is a Roth 403(b) contributions and which portion is a pre-tax 403(b) contribution so that investment providers can properly segregate contributions or apply separate accounting to independently track and monitor each type of contribution.</li> <li>• Is responsible for the accuracy of the information provided by Employee, which may be used in determining Employee's maximum annual contribution limit.</li> <li>• Is solely responsible for any losses suffered by Employee that result from his/her participation in the 403(b) plan and that Employer has no liability for investment performance of Employee's account(s).</li> <li>• Acknowledges that Employer has made no representation regarding the advisability, appropriateness or tax consequences of the purchase of the 403(b) plan. Nothing herein shall affect the terms of employment between Employer and Employee.</li> <li>• Acknowledges and authorizes Employer to share information on employee's account(s) with investment providers and/or plan administrators for compliance purposes.</li> </ul> <p>Although Employer must authorize investment providers, Employer does not choose the annuity contract(s) or custodial account(s) in which 403(b) contributions are invested. Employee is responsible for setting up and signing the legal documents to establish the annuity contract or custodial account, which must be established prior to submission of this Agreement.</p> <p>Employers are responsible for all distributions and any other transactions with the investment provider(s). All rights under the annuity contracts or custodial accounts are enforceable solely by Employee, Employee's beneficiary or Employee's authorized representative. However, Employer has certain responsibilities under the 403(b) Plan with respect to the integrity of the transactions for the Plan and may require an authorized representative from Employer to approve any requested transactions by Employees. Employee must cooperate directly with any investment provider or Employer representative, as directed by Employer to exchange contract(s) or custodial account(s) to another investment provider, make distributions, request loans, exchanges or otherwise access 403(b) Plan assets.</p> <p>Employee understands that Employer is authorized to utilize the services of a plan administrator at the discretion of the Employer and, as such, Employer may direct the amount of any salary reduction/deduction to the plan administrator with the intent of having plan administrator distribute such funds to the designated investment provider.</p> <p>Employee understands that the plan administrator charges each investment provider an administration fee of \$3.00 per month for each annuity or custodial account administered in the Plan. In the event the investment provider selected above does not agree to pay the administration fee, Employee authorizes and directs Employer to deduct the administration fee directly from Employee's paycheck each month through an after-tax payroll deduction.</p> <p>I certify that I have read this complete Agreement and that my contributions to the 403(b) Plan do not result in a contribution amount that exceeds the contribution limits under Applicable Law. I understand my responsibilities as an Employee under the 403(b) Plan, and by signing this Agreement, I direct Employer to take the actions specified in this Agreement unless deemed inappropriate by my Employer or plan administrator.</p> <p>By signing this Agreement, I authorize any investment provider, the 403(b) plan administrator, my Employer or their representatives to provide information on my account(s) that may be necessary for compliance purposes or to effectuate such transactions as I may request.</p>	
<p>Employee Signature</p>	<p>Employee Signature</p>	<p>Date</p>