



Twin Rivers Unified School District
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Twin Rivers Unified School District Salary Reduction and Allocation Agreement

1. Employee Information

Name _____ Telephone # () _____
 Mailing Address _____ D.O.B. _____
 City _____ State _____ Zip _____ Social Security No. _____
 Date of Hire _____ E-Mail Address _____

2. Plan Type

Plan: Section 403(b) Tax Sheltered Annuity Program Section 403(b) Roth
 Section 457 Deferred Compensation Plan Section 457(b) Roth

3. Salary Reduction

Part A. New Participant Change of annuity contract of custodial account
 (check all that apply)
 Change Amount Discontinue Contributions

Part B. Subject to the annual contribution limits and other requirements of the Plan, I authorize my Employer to reduce my cash compensation in exchange for the prompt payment of an equal amount to TSA Consulting Group, Inc., either directly or through a third party* (hereinafter referred to as the "Remitter"), for deposit to a qualified annuity contract or custodial account as a salary reduction contribution under the Plan. The amount of such reduction and payment shall be as follows:

(Please check number of deductions desired)

_____ (\$) for each pay period 11 Months 12 Months

(Number of months should match your work schedule. School term employees – 11 months; Year round employees – 12 months)

4. Allocation of Contributions

Please indicate the annuity contract or custodial account to which contributions should be allocated. Allocations may only be made to an annuity contract or custodial account that is approved for use with the Plan.

The employer hereby authorizes the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the signature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employer's 457 Deferred Compensation Plan.

Company Name	Amount
1.	\$
2.	\$
3.	\$
4.	\$

5. Effective Date

The Salary Reduction and Allocation Agreement shall take effect as soon as permitted under the Plan and as soon as administratively feasible or, if later, (MM/DD/YYYY) _____.

6. Duration

This Salary Reduction Agreement and Allocation replaces any earlier Salary Reduction and Allocation Agreement I have made under the Plan and shall be legally binding and irrevocable with respect to amounts earned while it is in effect. This Salary Reduction and Allocation Agreement will remain in effect as long as I remain an eligible employee under the Plan, or until I provide the Employer with a written request to end my salary reduction contributions or submit a new Salary Reduction and Allocation Agreement, as permitted under the Plan.

7. Authorization Agreement

I hereby authorize and direct the Remitter to remit contributions to the issuers of the annuity contracts and custodians of the custodial accounts in the amounts listed above. These contributions will be forwarded by my employer to the Remitter pursuant to the directions provided by me above in accordance with procedures established by my employer.

I am permitted to modify the above listed amounts which are remitted to each annuity contract or custodial account, and such modification may only be affected by my completing and forwarding to the Remitter a new Salary Reduction and Allocation Agreement. Any modification I make may be subject to limitation by rules or regulations of the issuers of the annuity contracts and custodians of the custodial accounts, and I accept all responsibility for compliance with, and all responsibility or liability for noncompliance with, any such rules or regulations and hereby release and hold harmless the Remitter from any claims or liability which may arise as a result of my noncompliance with such rules or regulations.

I authorize my Employer to reduce or suspend any contributions established by this agreement, if in its opinion; the total annual contributions would exceed my Maximum Allowable Contribution in any calendar year, or as otherwise provided by the Plan.

I authorize my Employer and its agents to obtain information from the issuers of the annuity contracts and custodians of the custodial accounts for purposes relating to the maintenance or administration of the Plan.

I acknowledge that my Employer has made no representation regarding the advisability, appropriateness, or tax consequences of the purchase of the annuity and/or custodial account described herein. I agree my Employer shall have no liability whatsoever for any and all losses suffered by me with regard to my selection of the annuity and/or custodial account, its terms, the selection of the insurance company, custodian, or regulated investment company, the financial condition, operation of or benefits provided by said insurance company, custodian, or regulated investment company, or my selection and purchase of shared of regulated investment companies.

Employee Signature: _____ Date: _____

To Be Completed by Sales Representative

I agree to comply with all pertinent written directives of Employer regarding the solicitation of Employees.

Sales Representative Name: _____ **Phone:** _____

Signature: _____ **Date:** _____

To Be Completed by Employer

Verified by: _____ **Date Processed:** _____

Signature: _____ **Phone: (916) 566-1600 ext.** _____