

**Manatee County Schools, Florida  
Salary Reduction Authorization for 403(b) Annuity  
Contract or 403(b)(7) Custodial Account**

Name of Company

Employee's Name	Employee ID Number
Work Location	Position

**Original Agreement**

With respect to services rendered by the Employee hereafter, the Employer and the Employee hereby agree the Employee's compensation for such services shall be reduced by:

Equal amounts of \$ \_\_\_\_\_ per pay period beginning the \_\_\_\_\_, 20\_\_ pay period.

The amount elected above shall result in a total ANNUAL REDUCTION not to exceed the maximum allowable contribution calculation. The Employer agrees that it will remit the amount of such reduction for the 403(b) Tax Sheltered Annuity or 403(b)(7) custodial account offered by the Company listed above.

**Amendment Agreement - Type of Change Desired**

Increase from \$ \_\_\_\_\_ per pay period to \$ \_\_\_\_\_ beginning the \_\_\_\_\_, 20\_\_ pay period.

Decrease from \$ \_\_\_\_\_ per pay period to \$ \_\_\_\_\_ beginning the \_\_\_\_\_, 20\_\_ pay period.

Suspend—Name of Company \_\_\_\_\_

**Effective Date of Suspension** \_\_\_\_\_, 20\_\_

I have read the above and understand the proposed change. I hereby request that such change be effected. I realize that if the change results in decrease or elimination of reduction under the 403(b) T.S.A. program, that this reduction or elimination cannot be "made up" in the future unless it falls within the allowable limit for that year.

**Terminal Pay at Retirement or Termination**

One-time reduction from Terminal Pay \$ \_\_\_\_\_  
Total from Terminal Pay

The Employee expressly understands and agrees that if the amount requested above is more than the amount due to the Employee (less applicable taxes), no reduction will be made and the entire amount will be paid to the Employee.

This Agreement shall be legally binding and irrevocable with respect to amounts earned while the Agreement is in effect, and any termination of this Agreement shall be effective only with respect to amounts not yet earned at the time of said termination. It is provided that this reduction does not exceed the Employee's statutory limit under Section 402(g) or the limitation of Section 415 of the Internal Revenue Code. This limits the total allowable salary reduction to all Companies to which salary reduction contributions can be made. It is understood that the amount specified will be forwarded to the Company listed above, provided that the Employee has sufficient earnings during the immediately preceding pay period to accommodate the requested reduction. In the event that the calculations provided by the District are lower than the calculations provided by the company / representative, the District's calculation shall prevail.

I hereby 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. I also hereby agree to and authorize my Employer to request a refund of 403(b)/403(b)(7) contributions that exceed my Maximum Allowable Contribution in any calendar year. Excess contributions should be forwarded directly to the Employee.

The Employee is responsible for the accuracy of the excludable amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary reduction in this agreement, or any other violation of the requirement of Section 403(b) could result in additional taxes, interests, and penalties to the Employee.

It is the intent of the parties that the non-forfeitable retirement deferred annuity or custodial contract pursuant to this Agreement shall qualify for the Federal Income Tax benefits provided for in Section 403(b) of the Internal Revenue Code of 1954, as amended. **Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of this Agreement by Employee and Employer.**

This Agreement may be terminated by either the Employer or Employee upon thirty (30) days notice to the Company and to the Employer or Employee as applicable.

**Effective Date of this Agreement** \_\_\_\_\_, 20\_\_.

Manatee County Schools, Florida

AGENT / REPRESENTATIVE

EMPLOYEE

EMPLOYER

**Manatee County Schools**  
**403(b) and 403(b)(7) Product Disclosure**  
 prepared for

\_\_\_\_\_  
 (employee)

This disclosure statement must be completed by the provider and a copy given to the employee each time the employee executes a new salary reduction agreement, (SRA), with **Manatee County Schools**. A signed copy of this disclosure must accompany each original salary reduction agreement when submitted to the **Payroll Department**.

**(Not required for amendments to original SRA)**

**I. Administration Data:**

A. Insurance Company or Mutual Fund: \_\_\_\_\_  
 Administrator or Custodian: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Company Telephone: \_\_\_\_\_

B. Local Agent / Registered Representative: \_\_\_\_\_  
 Name of Local Firm: \_\_\_\_\_  
 Local Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Local Telephone: \_\_\_\_\_

**II. Product Type (please check one)**

- Interest Annuity - Current rate \_\_\_\_\_ % Guaranteed rate \_\_\_\_\_ %
- Equity Index Annuity
- Variable Annuity
- Mutual Fund

**IV. For Equity Index Annuities Only:**

Index Utilized: \_\_\_\_\_  
 Current Participation Rate \_\_\_\_\_ %. (Min/Max \_\_\_\_\_ %/ \_\_\_\_\_ %)  
 Guaranteed Interest Rate: \_\_\_\_\_ % on \_\_\_\_\_ % of payments.

**III. Fees or Charges associated with the Contract or Fund**

(complete applicable sections only)  
 Annual Fee: \$ \_\_\_\_\_ or \_\_\_\_\_ % of \_\_\_\_\_  
 Custodial Fee: \$ \_\_\_\_\_ per \_\_\_\_\_  
 Front-end Sales Charge \_\_\_\_\_ % of each contribution.  
 Registered Investment Advisor Fee \$ \_\_\_\_\_ per \_\_\_\_\_, or other \_\_\_\_\_  
 Annual Mortality and Expense Charge \_\_\_\_\_ %  
 Loan Processing Fee \$ \_\_\_\_\_  
 Fee for Transfers between Funds or Sub-accounts \$ \_\_\_\_\_  
 Other \_\_\_\_\_   
 None for all above

**V. Surrender Charges or Contingent Deferred Sales Charge**  
 (if applicable)

Declining - \_\_\_\_\_ % beginning year one and reducing to 0% in year \_\_\_\_\_.  
 Rolling - \_\_\_\_\_ % from the date of each contribution for \_\_\_\_\_ years.  
 Other - \_\_\_\_\_

**VI. Loan Provisions:**

Are participant loans available from this account? YES  NO   
 If yes, how many times per year? \_\_\_\_\_  
 Minimum loan available: \$ \_\_\_\_\_  
 Current Loan Interest Rate \_\_\_\_\_ %  
 If variable, loan interest is based on \_\_\_\_\_

**VII. Sub-account, Index or Fund Investment Objective:**

\_\_\_\_\_  
 Employee's Initials

The investment options I have selected have been fully explained to me and are suitable to my retirement investment objectives and risk tolerance. Complete information concerning my investment options has been provided to me by the representative or company in the form of a current prospectus.

The information disclosed above has been presented to my satisfaction by the undersigned representative, in addition to all required product information documents in connection with this account. I understand the Board does not recommend any particular provider company, product, or representative and that my participation in the 403(b) retirement savings program is strictly voluntary.

\_\_\_\_\_  
 Employee  
 Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Representative  
 Date: \_\_\_\_\_, 20\_\_\_\_

# MEMBERS TRUST COMPANY

## 403(b) MAXIMUM ALLOWABLE CONTRIBUTION WORKSHEET

**Please note:** This form is required by your employer and/or plan administrator in order for us to process your salary reduction agreement change request (increase, decrease, or suspend). This Worksheet will be used to perform a calculation on your maximum allowable 403(b) plan contribution. For more information on your allowable contribution, please review IRS Publication 571 at [www.irs.gov](http://www.irs.gov) or your employer's plan administrator website at [www.tsacg.com/calculations/contribution\\_guidelines.htm](http://www.tsacg.com/calculations/contribution_guidelines.htm).

### SECTION 1. PARTICIPANT

First Name	Last Name
Social Security Number	Date of Birth (mm/dd/yyyy)

### SECTION 2. CONTRIBUTION INFORMATION

1. Employer: \_\_\_\_\_
2. Years employed with present employer: \_\_\_\_\_
3. Current tax year annual compensation: \$ \_\_\_\_\_
4. Have you completed 15 or more full years of service with your current employer?  Yes  No  
If you answered "No" skip to question #7.
5. Have you made any 15 Years of Service Credit Catch-up Contributions in the past?  Yes  No  
If you answered "No" skip to question #7.
6. Enter the total amount of any previously utilized 15 Years of Service Catch-up contributions made: \$ \_\_\_\_\_
7. Enter total amount of any contributions already made to a 403(b) plan thru December 31<sup>st</sup> of the previous year: \$ \_\_\_\_\_
8. Does your employer offer a 401(k) plan?  Yes  No  
If "Yes", please enter your estimated annual contribution: \$ \_\_\_\_\_

### SECTION 3. SIGNATURES

By signing this worksheet, you certify that all the information provided is accurate and you agree to indemnify and hold harmless MEMBERS Trust Company, Suncoast Schools FCU, and my Employer from any and all damages which may result from providing inaccurate or incomplete information. These calculations are being performed for informational purposes only. Participants are responsible for ensuring the total annual contributions to all Employer defined plans do not exceed the maximum allowable contribution limits. Maximum allowable contributions limits should be reviewed each year to ensure that all contributions remain within IRS Guidelines.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Advisor (print name): \_\_\_\_\_ Rep No: \_\_\_\_\_

Suncoast Trust & Investment Services is a marketing name used by Suncoast Credit Union. Securities sold, advisory services offered through CUNA Brokerage Services, Inc., member FINRA/SIPC, a registered broker/dealer and investment advisor. Trust services offered through MEMBERS Trust Company, Office of Comptroller of Currency. **Not NCUA Insured, No Financial Institution Guarantee, May Lose Value. Not a Deposit of Any Financial Institution**