

GROSSMONT UNION HIGH SCHOOL DISTRICT PAYROLL SERVICES

TSA PROCEDURES 457(b) or 403(b) & 403(b) ROTH

1. Verify that the company(ies) that you want to contribute to are on the current list of approved providers for use in our District and that they are registered with the State of California. (www.403bcompare.com)
2. **It is the responsibility of YOU, or your agent, to establish an account with the company(ies) you want to use BEFORE submitting paperwork to payroll. If this is not done, monies will be returned by the company and once we receive it we will refund it to you by the next payday. Money thus refunded becomes taxable income to you.**
3. Read **SCHOOL DISTRICT POLICY STATEMENT FOR 457(b) and 403(b) and Roth 403 (b)**, sign and return with all forms necessary.
4. Completed forms are due in the Payroll Office by the **5th** of the month the deduction is to be effective. **Incomplete paperwork will be returned to the employee causing a delay in processing the paperwork.**
5. **To START a TSA 457(b) or 403(b) or 403(b) ROTH submit the following:**
 - a. ESTIMATED MAXIMUM CONTRIBUTION WORKSHEET
 - b. SALARY REDUCTION AGREEMENT FORM
 - c. Read, sign and return SCHOOL DISTRICT POLICY STATEMENT
6. **To CHANGE an amount ONLY submit the following:**
 - a. ESTIMATED MAXIMUM CONTRIBUTION WORKSHEET
 - b. SALARY REDUCTION AGREEMENT FORM
7. **To CANCEL a company and START a new company(ies) submit the following:**
 - a. ESTIMATED MAXIMUM CONTRIBUTION WORKSHEET
 - b. SALARY REDUCTION AGREEMENT FORM
8. **To CANCEL a TSA payroll deduction submit a SALARY REDUCTION AGREEMENT.**

If you should have any questions about the procedures outlined above please call Theresa Lang at (619) 644-8067

Grossmont Union High School District
P.O. Box 1043 Attn: Payroll - Theresa
La Mesa, CA 91944-1043

REVISED 1/22/09

**GROSSMONT UNION HIGH SCHOOL DISTRICT
APPROVED VENDOR LIST AS OF 1/2012**

Vendor Name	Vendor #	403bCompare
AIG Retirement (VALIC)	20510	1117
American Century	21740	1164
American Fidelity Assurance Company	21490	1062
Americo Financial Life and Annuity Insurance Company	23640	1035
Ameriprise Financial Inc (formerly American Express)	20450	1041
Annuity Investors Life Insurance Company (Gr. American Life Ins. Co)	23160	1096
AXA Equitable Life Insurance Company	20380	1067
CalSTRS (TIAA-CREF)	23170	1097
Common Wealth Annuity	23490	1018
CUSO Financial Services	23590	1104
Fidelity Investments	23350	1133
First Investors Corporation	21580	1077
Franklin Templeton (10/30/08)	22220	1025
Great American Life Insurance Co (GALIC)	21220	1092
GWN securities, Inc	24210	1113
Horace Mann Companies	20370	1014
Industrial-Alliance Pacific Life Ins Co, US Branch	21380	1135
ING - Reliastar Life Insurance Company	20860	1059
ING Life Insurance and Annuity Company	20330	1060
Legend Group, Inc., The	22480	1052
Life Insurance Company of the Southwest	22210	1036
Lincoln Investment Planning, Inc.	24150	1068
Lincoln National Life Ins Co (Lincoln Fin Grp) 1/09	20420	1029
MassMutual	20390	1074
Metropolitan Life Insurance Co (Met Life)	20100	1024
MetLife Ins Co of Connecticut (formerly Travelers Life and Annuity)	20320	1073
Midland National	24610	1043
Modern Woodmen of America		1015
National Health Insurance Company	22530	1188
New York Life Ins. & Annuity Corp (1/09)	24560	1083
North American Company for Life and Health (NACOLAH)	24700	1472
Oppenheimer Funds Distributor, Inc.	21620	1121
Pentegra Retirement Services (Aspire Financial)	24890	1718
PFS Investments Inc. (Primerica Shareholder Services)	20090	1030
PlanMember Securities Corp/PlanMember Services Corp	20550	1127
Security Benefit Group	20270	1022
Symetra Life Insurance Company	22810	1087
Transamerica Life and Annuity Co (10/30/08)	21300	1160
Thrivent Financial for Lutherans	20360	1038
Thrivent Investment Management Inc	24080	1066
United Teacher Associates Insurance Company	24300	1090
Waddell & Reed, Inc	21640	1042
Nationwide Trust (FBC Deferred Compensation Program)	25000/27000	1144
Offering: 403b & 457b	AIM	
	American Funds	
	Armada	
	Calvert	
	Dryfus	
	Oppenheimer	
	Pimco	

GROSSMONT UNION HIGH SCHOOL DISTRICT
APPROVED VENDOR LIST AS OF 1/2012

	Pioneer			
	Thornburg			
	Vanguard			

FBC Salary Reduction Agreement

457(b), 403(b) and Roth 403(b)



Fringe Benefits Consortium

Instructions	The FBC Salary Reduction Agreement is to be used to establish or change with your employer the dollar amount that you want to have deducted from your paycheck as contributions to your selected investment company(s). Upon completion, PLEASE SUBMIT THE ORIGINAL TO YOUR PAYROLL OFFICE . Please also fax a copy of this form to (800) 597-8206.																										
Employee Information	Participant Name	Social Security Number																									
	School District (Employer)	Home Phone Number																									
	Participant Mailing Address <small>(Street)</small>	E-mail Address																									
	<small>(City, ST ZIP)</small>	Date of Birth	Number of Pay Periods Per Year <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/>																								
Purpose	<input type="checkbox"/> I want to STOP CONTRIBUTIONS to my current provider Effective Date: _____ <input type="checkbox"/> I want to BEGIN CONTRIBUTIONS or RESUME CONTRIBUTIONS Effective Date: _____ <input type="checkbox"/> I want to CHANGE FUTURE CONTRIBUTION AMOUNTS and/or PROVIDER Effective Date: _____																										
457(b)	<input type="checkbox"/> I hereby agree to reduce my eligible salary or wages on each pay period by \$_____ and direct my Employer to contribute this amount on my behalf to the investments options I have selected under the Fringe Benefits Consortium Nationwide 457(b) account. [Vendor Code # 27000]																										
403(b)	<input type="checkbox"/> I hereby agree to reduce my eligible salary or wages each pay period by the amount(s) specified below and direct my Employer to contribute this amount on my behalf to my 403(b) account(s) to the investment company(s) specified below: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:50%;">Vendor Name</th> <th style="width:15%;">Code #</th> <th style="width:15%;">VIN #</th> <th style="width:20%;">Dollar Amount</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;"><i>Fringe Benefits Consortium Nationwide 403(b)</i></td> <td style="text-align:center;">25000</td> <td style="text-align:center;">1144</td> <td style="text-align:center;">\$</td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td style="text-align:center;">\$</td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td style="text-align:center;">\$</td> </tr> <tr> <td>Other:</td> <td></td> <td></td> <td style="text-align:center;">\$</td> </tr> <tr> <td>TOTAL</td> <td></td> <td></td> <td style="text-align:center;">\$</td> </tr> </tbody> </table>			Vendor Name	Code #	VIN #	Dollar Amount	<i>Fringe Benefits Consortium Nationwide 403(b)</i>	25000	1144	\$	Other:			\$	Other:			\$	Other:			\$	TOTAL			\$
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Other:			\$																								
TOTAL			\$																								
Roth 403(b)	<input type="checkbox"/> I hereby agree to reduce my eligible salary or wages on an after tax basis each pay period by \$_____ and direct my Employer to contribute this amount on my behalf to the investment options I have selected under the Fringe Benefits Consortium Nationwide Roth 403(b) account. [Vendor Code # 80100]																										
Employee Approval	<p>I understand and agree to the following:</p> <ol style="list-style-type: none"> this Salary Reduction Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect; this Salary Reduction Agreement may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent; and, this Salary Reduction Agreement may be changed with respect to amounts not yet paid or available. <p>Nothing herein shall affect the terms of employment between the Employer and myself. This agreement supersedes all prior Salary Reduction Agreements and shall automatically terminate if my employment is terminated.</p> <p>I understand that I may not contribute an amount which will exceed the annual additions limitation under Code Section 415 or permit excess elective deferrals under Code Section 402(g).</p> <p>In the event that I exceed my maximum contribution limit to my FBC Nationwide 457(b) Plan, I authorize any excess contribution to be made into my FBC Nationwide 403(b) plan or vice versa.</p> <p>I understand that the provisions of the <i>457(b), 403(b), and Roth 403(b) Estimated Maximum Contribution Worksheet</i>, Employer policy statement, and other enrollment information are legally binding and are incorporated herein by reference.</p> <p>I understand that by making this application the release of my confidential information to third parties may occur as necessary to administer the Plan in accordance with the Internal Revenue Code.</p> <p>I understand that as compensation for general plan administration and compliance services, National Benefit Services, LLC receives \$2.00 per month for each employee making a salary deferral to the plan. This fee is invoiced to the employee's investment provider(s).</p> <table style="width:100%; border: none;"> <tr> <td style="width:60%; border: none;">Employee Signature</td> <td style="width:40%; border: none;">Date</td> </tr> <tr> <td style="border: none;">X</td> <td style="border: none;"></td> </tr> </table>			Employee Signature	Date	X																					
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X																											
Employer Approval	Approved By District	Keyed by	Paycheck Date																								

Upon completion, submit the original form to your district payroll office and fax a copy to (800) 597-8206.

2012 Maximum Contribution Worksheet - Part 1

457(b) and 403(b) Estimated Maximum Contribution Worksheet



Fringe Benefits Consortium

Instructions	The 2012 Maximum Contribution Worksheet - Part 1 is to be used to determine the maximum dollar amount that you may contribute to the 457(b), 403(b) and/or Roth 403(b) Programs in 2012. Upon completion, please submit the original form to your district payroll office. Please also fax a copy of this form to (800) 597-8206.	
Employee Information	Participant Name	Social Security Number
	School District (Employer)	Home Phone Number
	Participant Mailing Address (Street) (City, ST ZIP)	Work Phone Number
		E-mail Address
457(b) Calculation	<p>1. Annual base deferral limit: 1. <input type="text" value="\$17,000.00"/></p> <p>2. Age 50 Catch-up Contribution:</p> <p>a. Will you reach age 50 by 12/31/2012? 2a. YES / NO</p> <p>b. If 2a is YES, enter \$5,500 in line 2b. If 2a is NO, enter \$0 in line 2b. 2b. <input type="text"/></p> <p>3. Final Three Year Catch-up Contribution 3. <input type="text"/> Enter your answer from question 12 of Part 2 of this form (second page). If you are not eligible for the Final Three Year Catch-up, enter \$0.</p> <p>4. Add lines 1 and the greater of lines 2b or 3. This is your Maximum 457(b) Contribution Amount for 2012. 4. <input type="text"/> <i>This number cannot exceed \$34,000.</i></p> <p>5. Enter the total of any contributions already made to 457(b) plans during 2012. 5. <input type="text"/></p> <p>6. Subtract line 5 from line 4. This is the total remaining amount you may contribute to 457(b) plans during 2012. 6. <input type="text"/></p>	
403(b) and Roth 403(b) Calculation	<p>1. Annual base deferral limit 1. <input type="text" value="\$17,000.00"/></p> <p>2. Special 15-Year Catch-up Contribution</p> <p>a. Have you completed 15 or more full years of service with your current school district? 2a. YES / NO If NO, enter \$0 in line 2e and proceed to question 3. If YES, continue to the next question.</p> <p>b. Have your previous combined 403(b) and Roth 403(b) contributions averaged less than \$5,000 per year? 2b. YES / NO If NO, enter \$0 in line 2e and proceed to question 3. If YES, continue to the next question.</p> <p>c. Have you made any Special 15-Year Catch-up contributions previously? 2c. YES / NO If NO, skip to question 2e. If YES, continue to next question.</p> <p>d. Enter the total amount of any previously utilized Special 15-Year Catch-up contributions in line 2d. 2d. <input type="text"/></p> <p>e. Subtract line 2d from \$15,000. 2e. <input type="text"/> If the result is greater than \$3,000 then enter \$3,000 in line 2e. If the result is less than \$3,000 then enter the result in line 2e.</p> <p>3. Age 50 Catch-up Contribution</p> <p>a. Will you reach Age 50 by 12/31/2012? 3a. YES / NO</p> <p>b. If 3a is YES, enter \$5,500 in line 3b. If 3a is NO, enter \$0 in line 3b. 3b. <input type="text"/></p> <p>4. Add lines 1, 2e, and 3b. This is your Maximum 403(b) and Roth 403(b) Contribution Amount for 2012. 4. <input type="text"/> <i>This number cannot exceed \$25,500.</i></p> <p>5. Enter the total of any contributions already made to 403(b) plans during 2012. 5. <input type="text"/></p> <p>6. Subtract line 5 from line 4. This is the total remaining amount you may contribute to 403(b) plans during 2012. 6. <input type="text"/></p>	
Employee Signature	<p>IMPORTANT: You may rely on the accuracy of this Worksheet if the information you provide is correct and complete. Neither the Fringe Benefits Consortium (FBC), your School District, nor National Benefit Services, LLC will review data for purposes of verifying the 403(b) Special 15-Year Catch-up Contribution. By signing this Worksheet, you certify that all the information provided is accurate and you agree to indemnify and hold harmless the FBC, your School District, and National Benefit Services, LLC from any and all damages which may result from providing inaccurate or incomplete information. You understand and agree that your total annual contributions to the combined 403(b) and Roth 403(b) Plans may not exceed the lesser of \$50,000 or 100% of compensation.</p> <p>Employee Signature Date</p> <p>X </p>	

Upon completion, submit the original form to your district payroll office and fax a copy to (800) 597-8206.

2012 Maximum Contribution Worksheet - Part 2

457(b) Final Three Year Catch-up Calculation



Fringe Benefits Consortium

Instructions	The 2012 Maximum Contribution Worksheet - Part 2 is to be used to determine if you are eligible for the 457(b) Final Three Year Catch-up contribution. This catch up option is only available to you if you are in your final 3 years of employment prior to attaining your Normal Retirement Age. Upon completion, please submit the original form to your district payroll office. Please also fax a copy of this form to (600) 597-8206.																																																																																						
Determine Year of Normal Retirement Age	1. Are you eligible or will you become eligible for retirement benefits under PERS, STRS, or another retirement system before or during 2015? If YES, go to question 2. If NO, you are not eligible for the final Three Year Catch-up and you are finished with Part 2 of the Maximum Contribution Worksheet.	1.	YES / NO																																																																																				
	2. In what calendar year did you become or will you become eligible for retirement benefits under PERS, STRS, or another retirement system?	2.	<input type="text"/>																																																																																				
	3. In what calendar year will you terminate employment with your San Diego County School District?	3.	<input type="text"/>																																																																																				
	4. You may designate any year between answer #2 and answer #3 as the year in which you will reach your Normal Retirement Age. What year do you designate as the year in which you will reach Normal Retirement Age? Please note: your designation will only be used for purposes of calculating your 457(b) Final Three Year Catch-up. It will not determine the year in which you may actually retire. However, once you have utilized the Final Three Year Catch-up limitation under Section 4.2 of the Plan Document or under a comparable provision of another eligible deferred compensation plan, your Normal Retirement Age may not thereafter be changed for the purpose of funding your Final Three Year Catch-up contribution.	4.	<input type="text"/>																																																																																				
	5. What are the three years prior to the year you designated on line 4? Enter the years on lines 5a, 5b, and 5c. These are the years in which you may utilize the 457(b) Final Three Year Catch-up contribution. If boxes 5a, 5b, or 5c do not include the current year, you cannot utilize the catch-up in the current year and must enter \$0 in line 3 of Part 1 of this worksheet (first page).	5a. 5b. 5c.	<input type="text"/> <input type="text"/> <input type="text"/>																																																																																				
Determine Total Available Catch-up	<p>6. Complete the table for each year you were eligible to participate in a 457(b) plan. First, enter your gross compensation. Then multiply by the figure shown to determine your Maximum Deferral. Enter the lesser of your Maximum Deferral and the Contribution Limit. Enter your Actual 457(b) Deferral (including employer paid portions). Finally, subtract your Actual 457(b) Deferral from the Lesser of Maximum Deferral and Contribution Limit and enter in line 6 (if the result is less than 0 enter 0). This is your Unused Amount. *Note that for years 2001 and prior, the Actual 457(b) Deferral Amount also includes deferrals to 403(b) and 401(k) plans.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th>Year</th> <th>Gross Compensation</th> <th>Maximum Deferral</th> <th>Contribution Limit</th> <th>Lesser of Max. 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Sum lines 6a through 6k and enter the result in line 7. 7. <input type="text"/></p> <p>8. If you were employed by a community college and eligible to participate in a 457(b) plan prior to 2001, follow the same format as question 6 above for years prior to 2001 on a separate paper and enter the total catch-up amount not used during pre-2001 years in box 8. Otherwise enter \$0 in box 8. 8. <input type="text"/></p> <p>9. Sum lines 7 and 8. This is your total available 457(b) Final Three Year Catch-up. 9. <input type="text"/></p>			Year	Gross Compensation	Maximum Deferral	Contribution Limit	Lesser of Max. Deferral and Contribution Limit	Actual 457(b) Deferral Including Employer Paid		2001*	<input type="text"/> x .33 =	<input type="text"/>	\$8,000.00	<input type="text"/>	<input type="text"/>	6a. <input type="text"/>	2002	<input type="text"/> x 1 =	<input type="text"/>	\$11,000.00	<input type="text"/>	<input type="text"/>	6b. <input type="text"/>	2003	<input type="text"/> x 1 =	<input type="text"/>	\$12,000.00	<input type="text"/>	<input type="text"/>	6c. <input type="text"/>	2004	<input type="text"/> x 1 =	<input type="text"/>	\$13,000.00	<input type="text"/>	<input type="text"/>	6d. <input type="text"/>	2005	<input type="text"/> x 1 =	<input type="text"/>	\$14,000.00	<input type="text"/>	<input type="text"/>	6e. <input type="text"/>	2006	<input type="text"/> x 1 =	<input type="text"/>	\$15,000.00	<input type="text"/>	<input type="text"/>	6f. <input type="text"/>	2007	<input type="text"/> x 1 =	<input type="text"/>	\$15,500.00	<input type="text"/>	<input type="text"/>	6g. <input type="text"/>	2008	<input type="text"/> x 1 =	<input type="text"/>	\$15,500.00	<input type="text"/>	<input type="text"/>	6h. <input type="text"/>	2009	<input type="text"/> x 1 =	<input type="text"/>	\$16,500.00	<input type="text"/>	<input type="text"/>	6i. <input type="text"/>	2010	<input type="text"/> x 1 =	<input type="text"/>	\$16,500.00	<input type="text"/>	<input type="text"/>	6j. <input type="text"/>	2011	<input type="text"/> x 1 =	<input type="text"/>	\$16,500.00	<input type="text"/>	<input type="text"/>	6k. <input type="text"/>
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Determine Amount of Catch-up Previously Used	<p>10. Enter the amount of Previously Utilized 457(b) Final Three Year Catch-up contributions if any. Determine the lesser of your Previously Utilized Catch-up and the Maximum Catch-up. Sum the amounts and enter in box 10. You are only eligible to utilize Final Three Year Catch-up for three consecutive years. Therefore, if you are eligible to utilize the catch-up this year you should not have utilized any prior to 2010.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th></th> <th>Previously Utilized Catch-up</th> <th>Maximum Catch-up</th> <th>Lesser of Previously Utilized Catch-up and Maximum Catch-up</th> <th></th> </tr> </thead> <tbody> <tr><td>2010</td><td><input type="text"/></td><td>\$16,500.00</td><td><input type="text"/></td><td>10. <input type="text"/></td></tr> <tr><td>2011</td><td><input type="text"/></td><td>\$16,500.00</td><td><input type="text"/></td><td></td></tr> <tr><td colspan="3" style="text-align:center">Total</td><td><input type="text"/></td><td></td></tr> </tbody> </table>				Previously Utilized Catch-up	Maximum Catch-up	Lesser of Previously Utilized Catch-up and Maximum Catch-up		2010	<input type="text"/>	\$16,500.00	<input type="text"/>	10. <input type="text"/>	2011	<input type="text"/>	\$16,500.00	<input type="text"/>		Total			<input type="text"/>																																																																	
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2011	<input type="text"/>	\$16,500.00	<input type="text"/>																																																																																				
Total			<input type="text"/>																																																																																				
Determine Available Catch-up for 2012	<p>11. Subtract line 10 from line 9. 11. <input type="text"/></p> <p>12. Enter the lesser of \$17,000 or the amount in line 11. This is your available 457(b) Final Three Year Catch-up for 2012. Also enter this amount in line 3 of the 457(b) section of Part 1 (first page) of this form. 12. <input type="text"/></p>																																																																																						

School District Policy Statement
For
457(b) and 403(b)

Instructions: The Salary Reduction Agreement must be signed by the Employee and received in the District Payroll Department by the 5th day of the month in which it is to take effect. Employees who participate in the 457(b) and/or multiple 403(b)/403(b)(7) accounts must include all salary reductions for all accounts or providers on one Salary Reduction Agreement (SRA).

In accordance with the regulations of the Internal Revenue Service, the Salary Reduction Agreement is binding and irrevocable with respect to amounts not yet paid or made available until such time as the Salary Reduction Agreement is terminated, or superseded with a new SRA. Revised Salary Reduction Agreements intended to change or terminate the Salary Reduction Agreement are subject to the same deadlines as listed in the preceding paragraph.

The Salary Reduction Agreement is an agreement to amend named Employee's employment contract (whether written or verbal) to reduce compensation by the previously specified amount for the purposes of elective deferrals to the named District's 457(b) and 403(b) plan, in accordance with California Education Code Section 4404/87040, or the applicable code in other states, and in conformance with Section 457(b) and 403(b) of the Internal Revenue Code of 1986, as amended, and Section 17501 of the California Revenue and Taxation Code or the relevant code in other states. The most current Salary Reduction Agreement supersedes and replaces all previous agreement(s) regarding the named Employee's salary reduction contributions to the District's 457(b) and 403(b) plan. Employee understands that the Salary Reduction Agreement is binding and irrevocable with respect to amounts not paid or made available to employee, and that the Salary Reduction Agreement can be terminated, or replaced with a new SRA subject to District's deadlines as explained in "Instructions".

1. The Employee releases any and all rights to receive payment from the District of the sums resulting from the Salary Reduction Agreement once those sums have been properly transmitted to the provider(s) selected by Employee.
2. The Salary Reduction Agreement shall automatically apply to subsequent fiscal years unless terminated or replaced with a new Salary Reduction Agreement that will affect only amounts not currently paid or available to Employee.
3. The Employee acknowledges that the District makes no representations about any 457(b) and 403(b) annuity or 403(b)(7) custodian account available to Employee through the District's plan, and further makes no recommendations as to the suitability or income tax consequences of the Employee's voluntary participation in the plan. Employee further understands that distributions from the 457(b) and 403(b) plan may be subject to IRC restrictions prior to age 59 ½ and additional surrender charges or back end loads assessed by the provider(s).

4. The Employee acknowledges that the Employee solely selected the annuity contract and/or custodial accounts and that the District bears no responsibility for the results of those selections.

5. Employee warrants that the amount of the requested salary reductions for purposes of contributions to the 457(b) and 403(b) plan do not exceed the maximum allowable contribution limits as set out in the IRC, and understands that those maximum allowable contribution limits apply in the aggregate to multiple Providers (if applicable).
 - If it is determined that contributions have exceeded eligible IRC limits, Employee understands that corrective distributions and/or declaration of excess contributions as includible income may result, with the provider(s) required to report those corrective distribution as taxable events.

 - Employee bears the sole responsibility of providing the data necessary for the calculation of the Section 415 limits, and the Section 402(g) elective deferral limits, including both the basic limit under 402(g), and the increased limit under 402(g)(8).

 - Employee agrees that the District, the Governing Board, and any officers or other employees of the District are not responsible for the Employee's selection of a specific product or investment option from those authorized for the 457(b) and 403(b) plan. Employee bears sole responsibility for the selection and the result of that selection.

 - The Employee agrees to defend and indemnify the District from any and all damages that may result from the Employee's participation in any 457(b) and 403(b) plan including any incorrect calculation of the Employee's exclusive allowance or other limits. Indemnification from damages shall include any tax, interest, penalties or assessments or related costs that may be incurred by or imposed upon the District.

6. The District reserves the right to terminate the Salary Reduction Agreement at any time after written notice to the Employee should the Employee or selected provider(s) fail to comply with District 457(b) and 403(b) plan administrative and compliance procedures, including the solicitation rules of the District, or with respect to compliance with the Internal Revenue Code, or the relevant code of the State of California.

EMPLOYEE: _____
 (Print Name)

SOC. SEC. NO.: _____

 Employee Signature

 Date