

**Lodi Unified School District
Investment Provider Listing**



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 Investments | | X |
| 1062 | American Fidelity Assurance Company | X | |
| 1057 | American Funds Distributors, Inc. (AFD) | | X |
| 1128 | American United Life (AUL), a OneAmerica Financial Partner | | X |
| 1035 | Americo Financial Life and Annuity Insurance Company | X | |
| 1041 | Ameriprise Financial Inc. | X | |
| 1027 | Ameritas Life Insurance Corp* | X | |
| 1096 | Annuity Investors Life Insurance Company | X | |
| 1021 | Aviva Life and Annuity Company* | X | |
| 1067 | AXA Equitable Life Insurance Company | X | |
| 1097 | CalSTRS | | X |
| 1018 | Commonwealth Annuity and Life Insurance Company | X | |
| 1077 | First Investors Corporation | X | |
| 1025 | Franklin Templeton Investments | | X |
| 1148 | FTJ FundChoice, LLC | | X |
| 1092 | Great American Life Insurance Company | X | |
| 1084 | Great-West Life & Annuity Insurance Co. | X | |
| 1113 | GWN Securities, Inc | X | |
| 1009 | Hartford Life Insurance Company* | X | |
| 1014 | Horace Mann Companies | X | |
| 1135 | Industrial-Alliance Pacific Life Insurance Company, US Branch | X | |
| 1059 | ING – ReliaStar Life Insurance Company | X | |
| 1060 | ING Life Insurance & Annuity Company | X | |
| 1108 | Jackson National Life Insurance Company | | X |
| 1052 | Legend Group; The | X | |
| 1036 | Life Insurance Company of the Southwest | X | |
| 1068 | Lincoln Investment Planning, Inc. | X | |
| 1029 | Lincoln National Life Insurance Company (Lincoln Financial Group), The | X | |
| 1074 | MassMutual, through its subsidiary, C.M. Life Insurance Company | X | |
| 1073 | MetLife Insurance Company of Connecticut | X | |
| 1024 | Metropolitan Life Insurance Co/MetLife/MetLife Resources | X | |
| 1043 | Midland National | X | |
| 1015 | Modern Woodmen of America | X | |
| 1188 | National Health Insurance Company (NHIC) | X | |
| 1144 | Nationwide Life Insurance Company* | X | |
| 1083 | New York Life Insurance & Annuity Corp | X | |
| 1472 | North American Company for Life and Health | X | |
| 1121 | Oppenheimer Funds Distributor, Inc | X | |
| 1130 | Pacific Life Insurance Company | | X |
| 1718 | Pentegra Retirement Services † | X | |
| 1030 | PFS Investments Inc | X | |
| 1127 | PlanMember Services Corp | X | |
| 1145 | Putnam Investments | X | |
| 1174 | RSG Securities/Benefit Trust Company | | X |
| 1022 | Security Benefit | X | |
| 1005 | T. Rowe Price | | X |
| 1038 | Thrivent Financial for Lutherans | X | |
| 1066 | Thrivent Investment Management Inc. | X | |
| 1023 | TIAA-CREF (Teachers Insurance & Annuity Association of America) | | X |
| 1413 | Transamerica Financial Life Insurance Company* | X | |
| 1076 | Transamerica Fund Services, Inc. | | X |
| 1160 | Transamerica Life Insurance Company | X | |
| 1090 | United Teacher Associates Insurance Company | X | |
| 1171 | UNUM | | X |
| 1142 | USAA Investment Management Company | X | |

| | | | |
|------|---|---|---|
| 1053 | USAA Life Insurance Company | X | |
| 1117 | VALIC | X | |
| 1102 | Vanguard Group, The | | X |
| 1042 | Waddell & Reed, Inc | X | |
| 1162 | Western National Life Insurance Company | | X |

Monthly Fee

A fee of \$3 per month for every month of participation is charged to each vendor by the employer’s third party administrator to cover the costs of administering the employer’s 403(b) plan. Many vendors have agreed to pay this fee and not pass it along to participants. Other vendors will require that the fee be paid by the participant; participant payments are completed through an after-tax payroll deduction.

Investment Information

Please consult with your financial advisor regarding your investment options. Investment information and comparisons are available at www.403bcompare.com.

** This company is no longer accepting new 403(b) contributions and therefore no fee will be assessed on the current accounts*

† This company will pay a portion of the fee and will charge the participant’s account for the remainder of the fee

403(b) Salary Amendment Agreement

The Salary Amendment Agreement is used to establish, change, or cancel elective deferrals withheld from your paycheck either before tax or after tax and contributed to an account within the employer-sponsored 403(b) Plan on your behalf. This completed and signed Salary Amendment Agreement is to be used only for the **Lodi Unified School District 403(b) Plan**.

| | | | |
|-----------------------------|-------------------------|--------------|--|
| Employee Information | Employee Name | | Social Security Number |
| | Employee Street Address | | <input type="checkbox"/> 10 Pay <input type="checkbox"/> 11 Pay <input type="checkbox"/> 12 Pay <input type="checkbox"/> Other: _____ |
| | Email Address | | Home Phone |
| | Date of Birth | Date of Hire | Work Phone |

| | | | | |
|--|--|--|---|--|
| Contribution Information | Pre-tax 403(b) Contributions | | After-tax (Roth) 403(b) Contribution | |
| | <input type="checkbox"/> BEGIN contributions to a <i>pre-tax</i> 403(b) account | | <input type="checkbox"/> BEGIN contributions to a <i>Roth</i> 403(b) account | |
| | <input type="checkbox"/> CHANGE contributions to a <i>pre-tax</i> 403(b) account | | <input type="checkbox"/> CHANGE contributions to a <i>Roth</i> 403(b) account | |
| | <input type="checkbox"/> CANCEL all contributions to a <i>pre-tax</i> 403(b) account | | <input type="checkbox"/> CANCEL all contributions to a <i>Roth</i> 403(b) account | |
| <p><i>Effective Date:</i> This salary amendment will go into effect as soon as administratively feasible but no later than the first day of the month following the date of submission and acceptance (e.g. If the form is received in May, contributions may begin no later than June). The first payroll in the month following the submission and acceptance of this form is deemed the effective date.</p> | | | | |

| | | | | | |
|--|---------------------------------|--|----------------------------|----------------------------|-------------------------|
| Investment Provider Information | Investment Provider Name | Contribution Type | 403bcompare Number* | Contribution Amount | Account Number † |
| | | <input type="checkbox"/> Pre-tax <input type="checkbox"/> After-tax | # | \$ | |
| | | <input type="checkbox"/> Pre-tax <input type="checkbox"/> After-tax | # | \$ | |
| | | <input type="checkbox"/> Pre-tax <input type="checkbox"/> After-tax | # | \$ | |
| <p>*New 403(b) accounts must have a 403bcompare.com number listed †403(b) account must be established PRIOR to submitting a Salary Amendment Agreement to your Employer</p> | | | | | |
| Total <u>PRE-TAX</u> contribution amount each payroll cycle: | | | \$ _____ | | |
| Total <u>AFTER-TAX</u> contribution amount each payroll cycle: | | | \$ _____ | | |

| | | | |
|--------------------------------------|---------------|--|---------------|
| Financial Advisor Information | Advisor Name | | Advisor Phone |
| | Email Address | | Firm Name |

| | | |
|--------------------------|---|--|
| Employee Approval | <p>I understand and agree to the following:</p> <ul style="list-style-type: none"> This Salary Amendment Agreement is an agreement between me and my Employer which I have entered into voluntarily. This Agreement supersedes all prior 403(b) Salary Amendment Agreements and will automatically terminate if my employment is terminated. This Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect. This Agreement may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent. This Agreement may be changed with respect to amounts not yet paid or available. <p>I understand that I may not contribute an amount which will exceed the annual deferral limits under Code Section 415 or permit excess elective deferrals under Code Section 402(g). If, based on information held by my employer or the plan administrator (Tax Deferred Solutions/TDS), either my employer or TDS believes additional contributions will cause me to exceed limits under Code Section 415 or 402(g), I authorize the automatic cancellation of this Salary Amendment Agreement. In the event this Salary Amendment Agreement is automatically cancelled for excess contribution limits, I understand the cancellation of this Agreement due to exceeding verifiable contribution limits does not terminate the Agreement permanently, and contributions will resume as soon as administratively feasible.</p> <p>I understand that TDS, the plan administrator, charges each Investment Provider an administration fee of \$3.00 per month for each Investment Account administered in the Plan. In the event the Investment Provider selected above does not agree to pay the administration fee, I authorize and direct employer to deduct the administration fee directly from my paycheck each month through an after-tax payroll deduction.</p> <p>I have read and understand all information contained on page 4 of this Agreement</p> | |
| | Employee Signature: | |

| | | | |
|-------------------------------|--|--|-------|
| Employer Authorization | Employer Acceptance (Signature): | | Date: |
| | <p style="text-align:center;">X</p> | | |

403(b) Salary Amendment Agreement

Important Information

The Employee is solely responsible for the completion of all documents to establish the annuity contract or custodial account which must be established prior to the submission of this Agreement.

Employee acknowledges that they have received Employer's list of approved providers and understands that participation in the 403(b) plan with some providers will result in a \$3.00 fee to Employee each month. In the event Employee selects a provider that does not cover the cost of administration as listed in the Employer's list of approved providers, Employee authorizes and directs Employer to deduct the administration fee directly from their paycheck through an after-tax payroll deduction.

Employee acknowledges that neither the Employer nor Tax Deferred Solutions (TDS) has made any representation regarding the advisability, appropriateness or tax consequences of the investment, distribution or any other transaction related to the 403(b) plan.

Participation in a 403(b) Plan is voluntary and the Employee agrees to hold harmless and indemnify the Employer and Tax Deferred Solutions against any and all actions, claims, and demands that may arise from the purchase of annuities or custodial accounts within the 403(b) Plan.

Employee understands and agrees that Employee is responsible for determining that annual salary reduction contributions to all elective deferral plans do not exceed the limits of the Applicable Law.

Neither the Employer nor TDS shall have any liability for any and all losses suffered by the Employee with regard to his/her selection of the annuity and/or custodial account; its terms; the selection of Investment Provider; the solvency of, operation of, or benefits provided by said Investment Provider; or his/her selection and purchase of annuity contracts and/or shares of regulated investments from an Investment Provider.

It is understood by the Employee that the Employer is authorized to utilize the services of a Plan Administrator at the discretion of the Employer, and as such, the Employer may direct the amount of salary reduction/deduction from the Employee to the Plan Administrator with the intent of having the Plan Administrator distribute such funds to the designated Investment Providers.

Employers are responsible for all distributions and any other transactions with the Investment Providers. 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 vendor, make distributions, request loans, exchanges or otherwise access 403(b) Plan assets.

By submitting this Agreement, the release of confidential information to third parties including Investment Providers, Plan Administrators and their representatives may occur as necessary to administer the Plan in accordance with applicable State and Federal law.

Employer reserves the right to alter the terms of this Agreement as required to facilitate Plan compliance with State and Federal law.

Instruction

Please review this form carefully and once completed and signed, please submit the form to the appropriate office of your employer. For further information on this form please contact:

Tax Deferred Solutions
6939 Sunrise Blvd, Suite 250
Citrus Heights, CA 95610

866.446.1072 – toll free

916.221.5040 – fax

planadministrator@tdsgroup.org – email