



457(b) DEFERRED COMPENSATION PLAN ENROLLMENT FORM

Lodi Unified School District

SECTION - A

Employer Full Name: _____ ID#: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Home Phone: _____ Work Phone: _____
 Gross Mo. Salary: _____ Work Site: _____
 Effective Date of Change: _____

Section - B

CHECK ALL THAT APPLY: Increase in Contribution Amount Decrease in Contribution Amount
 New Contribution Change in Beneficiary Stop 457(b) Contributions

Section - C

COMPANY TO RECEIVE 457(b) CONTRIBUTIONS: **ONLY ALLOWED TO HAVE ONE OPTION**

THE TDS GROUP --457 PLAN \$ _____ Per Pay Period
 CALSTRS PENSION 2 - 457 PLAN \$ _____ Per Pay Period

Section - D

Primary Beneficiary:

Name: _____ Relationship: _____ %: _____
 Name: _____ Relationship: _____ %: _____

Contingent Beneficiary:

Name: _____ Relationship: _____ %: _____
 Name: _____ Relationship: _____ %: _____

I hereby agree to the terms of the Plan Agreement.

I hereby authorize my employer to reduce my salary by the amount listed in Section C of this form beginning on the Effective Date of Change, and to transmit the funds of such salary reduction to the company indicated above for the purpose of participating in a 457(b) Deferred Compensation Plan.

I understand this agreement will remain in effect until I submit a timely termination of authorization or employment.

The employer and employee are the sole participants in this 457(b) Deferred Compensation Plan

Employee's Signature _____
Date

District Authorized Signature _____
Date

Representative's Name (Please Print) _____
Representative Phone

LODI UNIFIED SCHOOL DISTRICT

1305 E. Vine Street
Lodi, CA 95240

SECTION 457 HOLD HARMLESS AGREEMENT

The Board of Trustees of the Lodi Unified School District ("**District**") has elected to make available to each eligible employee of the District ("**Employee**"), a 457(b) Deferred Compensation Plan ("**Plan**"), pursuant to Internal Revenue Code section 457.

The undersigned Employee hereby acknowledges and agrees that the Employee is the sole party responsible for the management of Employee's investment account under the Plan. Neither the establishment of the Plan or Trust nor any modification thereof, nor the creation of any fund or account (including the "safe" investment fund as defined in the Trust Agreement), nor the payment of any benefits, shall be construed as giving to any Employee or other person any legal or equitable right against the District (or any person connected therewith), the Trustees of the Board, or any insurance or investment company, except as provided by law or by any Plan depreciation, nor does the Board guarantee the payment of any money which may be or become due to any person from the Trust. Any person having a right or claim under the Plan shall look solely to the Trust assets, and in no event shall the District or the Board (or any person connected therewith) be liable to any person on account of any claim arising by reason of the provisions of the Plan or of any instrument or instruments implementing its provisions, or for the failure of any respect to the Plan, the Trust or any contribution thereto or distribution therefrom. Neither the District nor the Board (or any person connected therewith) shall have any liability to any person by reason of the failure of the Plan to attain and/or maintain status as an eligible plan under Section 457 of the Internal Revenue Code, or the failure of the Trust to attain and/or maintain tax exempt status under Section 501(a) of the Internal Revenue Code, regardless of whether or not such failure is due to any act or omission (willful, negligent or otherwise) of the Board (or any person connected therewith).

EMPLOYEE:

Signature

Printed Name

ID#

Date