

Universal Availability Notice

Highline School District 401 403(b)

PLAN HIGHLIGHTS

Visit NBSbenefits.com/403b for additional information



Congratulations! You are eligible to participate in the 403(b) retirement plan provided by the **Highline School District 401 403(b)**. Contributing to a 403(b) plan will give you peace of mind through financial security during your retirement. A 403(b) plan allows you to contribute a portion of your compensation as a pre-tax or post-tax (Roth) contribution (if allowed by your Employer) in order to save for retirement. Participation in the 403(b) plan is completely voluntary. If you are already contributing to the 403(b) plan, now is a perfect time to increase your contributions.

What is a 403(b) Plan?

A 403(b) plan, also known as a Tax-Sheltered Annuity (TSA), is a tax-deferred retirement plan provided for employees of certain tax-exempt, governmental organizations or public education institutions.

What are the benefits of contributing to a 403(b) Plan?

LOWER TAXES

The 403(b) contributions you make can be on a pre-tax basis. This means that the money used to invest in the 403(b) plan is not taxed until the funds are withdrawn. For example, if your federal marginal income tax rate is 25%, and you contribute \$100 a month to a 403(b) plan, you have reduced your federal income taxes by nearly \$25. In effect, your \$100 contribution costs you only \$75. The tax savings grow with the size of your 403(b) contribution.

TAX-DEFERRED GROWTH

In your 403(b) plan, interest and earnings grow tax-deferred. This means that your interest will grow tax-free until the time of your withdrawal. The compounding interest on your 403(b) plan allows your account to grow more quickly than money saved in a taxable account where interest and earnings are taxed each year.

TAKING THE INITIATIVE

Contributing to a 403(b) retirement plan helps you take control of your future retirement needs. Other sources of retirement income, including state pension plans and Social Security, often do not adequately replace a person's salary upon retirement. A 403(b) plan can be a great way to supplement your income at retirement.

POSSIBLE TAX CREDITS

Pre-tax contributions may put you in a lower tax bracket reducing your overall tax rate.

HIGHER LIMITS

Annual contribution limits are much higher than those of an IRA.

How much can you contribute to a 403(b) Plan?

You may elect to save:

- 100% of your income up to \$18,000 (2016)
- Extra \$6,000 if age 50+

HOW TO ENROLL IN THE PLAN

Your employer has provided investment option(s) for you. A list of approved vendor(s) and the Salary Reduction Agreement ("SRA") can be found by visiting the National Benefit Services (NBS) website at NBSbenefits.com/403b or by contacting NBS (contact information below).

Once you have chosen an approved vendor, please open a 403(b) account directly with them. To begin investing, send the completed SRA form to NBS who will work with your employer to begin contributions.

INVESTMENT CHOICES

Annuity contracts made available through insurance companies or custodial accounts through a retirement account custodian are allowed in 403(b) plans. You will need to contact the vendor for a comprehensive listing and information regarding the available investment options.

EXCHANGES

As a participant in the 403(b) plan, you have the option to move funds, or "exchange" tax-free between different vendors within the same plan.

ROLLOVERS

You also have the option of rolling retirement funds from previous employers to your current employer's plan thus simplifying retirement management.

NBS Retirement Service Center

8523 S. Redwood Rd.
West Jordan, UT 84088
800.274.0503 ext. 5

Contact NBS if you have questions about the retirement plan



Highline School District 401

Plan Contact Person:

Gianna White
15675 Ambaum Blvd. SW
Burien, WA 98166
1.206.631.3141

403(b) Universal Availability Notice Continued

DISTRIBUTIONS FROM THE PLAN

You or your beneficiary will be able to withdraw your vested balance when one of the following occurs:

1. Retirement
2. Termination of Employment
3. Attainment of Age 59 ½
4. Total Disability
5. Death

The vendors may require additional paperwork.

REQUIRED MINIMUM DISTRIBUTIONS (RMD)

Distributions are required at age 70 ½. Exceptions may apply.

LOANS

You may borrow up to 50% of your vested balance up to \$50,000 (whichever is less). Contact your current vendor about their specific loan provisions.

HARDSHIP DISTRIBUTIONS

An in-service hardship distribution may be allowed if you satisfy certain criteria. Contact NBS for more information about the requirements. If you take a hardship distribution you are required to stop making contributions for 6 months.

Updated: 8/24/2016

NBS Retirement Service Center

8523 S. Redwood Rd.
West Jordan, UT 84088
800.274.0503 ext. 5

**Contact NBS if you have questions about
the retirement plan**



Highline School District 401

Plan Contact Person:

Gianna White
15675 Ambaum Blvd. SW
Burien, WA 98166
1.206.631.3141

Highline Public Schools

403(b) Approved Vendors List

Funding Company	Phone	Website
Aspire	866.634.5873	aspireonline.com
Commonwealth Annuity and Life Insurance Company	800.533.7881	www.commonwealthannuity.com
Fidelity Investments Institutional Services Com.	800.343.0860	www.fidelity.com
Fiduciary Trust International of the South (FTIOS)*	800.527.2020	www.franklintempleton.com
Foresters Financial Services, Inc.	800.832.7783	www.firstinvestors.com
Great American Life Insurance Company	800.438.3398	www.gafri.com
Lincoln Investment Planning, Inc	800.242.1421	www.lincolninvestment.com
National Life Group (formerly LSW)	800.579.2878	www.nationallife.com/
Oppenheimer Funds Distributor, Inc	800.835.7305	www.oppenheimerfunds.com
Riversource Financial (Ameriprise Financial Inc.)	800.221.2450	www.riversource.com
Security Benefit Group	800.888.2461	www.securitybenefit.com
VALIC	800.448.2542	www.valic.com
VOYA (formerly ING Life)	800.366.0066	www.ing-usa.com
VOYA (formerly ReliaStar Life Insurance Company)	877.884.5050	www.ingservicecenter.com
Waddell & Reed, Inc	888.923.3355	www.waddell.com
Western United Life Assurance Company	800.247.2045	www.wula.com

Participants are responsible for fees associated with all vendors.

\$3.00 will be deducted from your monthly contributions by NBS as payment of their monthly processing fee.



403(b) Salary Reduction Agreement

Participant Instructions

The Salary Reduction Agreement (SRA) is used to establish, change, or cancel salary reductions withheld from your paycheck and contributed to the 403(b) Plan on your behalf. The SRA is also used to change the investment providers that receive your contributions. Upon completion, fax or mail a copy of the form to National Benefit Services, LLC. Please note that this form is not valid unless all applicable sections are completed and you have signed the form. If you have questions regarding this form, please call 1-800-274-0503 ext 5.

Upon completion, fax (1-800-597-8206), email, or mail a copy of the form to National Benefit Services, LLC. Please submit the original to your payroll office.

Important Information

The Employee agrees to indemnify and hold the Employer and National Benefit Services, LLC (NBS) harmless against any and all actions, claims, and demands that may arise from the purchase of annuities or custodial accounts in this 403(b) Plan. The Employee acknowledges that neither the Employer nor NBS have made representation to the Employee regarding the advisability, appropriateness, or tax consequences of the purchase of the annuity and/or custodial accounts. The Employee agrees that neither the Employer nor NBS 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 the insurance company or regulated investment company; the solvency of, operation of, or benefits provided by said insurance company or regulated investment company; or his/her selection and purchase of shares of regulated investment companies.

The Employer reserves the right to alter terms of this Agreement as required to facilitate program compliance with state and federal law.

The Employer does not choose the annuity contract or custodial account in which the Employee's contributions are invested.

The Employee is responsible for setting up and signing the legal documents to establish the annuity contract or custodial account.

In order for the Employee to receive the expected tax results, the annuity contract or custodial account established must meet the requirements of Section 403(b) of the Internal Revenue Code. It is solely the Employee's responsibility to establish the proper type of contract or account for this purpose.

The Employee is responsible for naming a death beneficiary under the annuity contract or custodial account. This is normally done at the time the contract or account is established, although the designation should be reviewed from time to time.

The Employee is responsible for investment decisions, distributions, and any other transactions with the insurance company or investment company and shall have total responsibility for all distributions and any resulting tax consequences. All rights under the contract or account are enforceable solely by the Employee, the Employee's beneficiary, or the Employee's authorized representative.

The insurance or investment company may be required to receive approval from the Employer or National Benefit Services, LLC, prior to executing certain transactions including loans, hardships, distributions, or transfers (as permitted by the Plan).

The Employee understands that information contained in this Agreement and other non-public information may be shared with the Employer's designated third-party administrator in conjunction with the operation of the 403(b) Plan.

Retain a copy of this form for your records.

403(b) Salary Reduction Agreement



1 Personal Information

Participant Name

Employer Name

Participant Mailing Address, City, State, Zip Code

Phone Number

Date of Birth

Date of Hire

Email Address

Social Security Number (required)

2 Salary Reduction

The Salary Reduction Agreement (SRA) is to be used to establish, change, or cancel salary reduction withheld from your paycheck and contributed to the 403(b) plan on your behalf. To change, begin, or cancel contributions, enter your desired amount(s) and investment provider(s). **This SRA will cancel and replace any previously submitted SRA. You must list all new and existing deductions on this SRA form or they will be cancelled.** The salary reductions identified in the space below will be the only deductions performed starting on the Effective Date.

Investment Provider Name*	Monthly Dollar Amount	Type of Deferrals			Requested Action		Effective Date
		Pre-Tax 403(b)	Roth 403(b)	Other	<input type="checkbox"/> New <input type="checkbox"/> Change	<input type="checkbox"/> Existing <input type="checkbox"/> Cancel	
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Change	<input type="checkbox"/> Existing <input type="checkbox"/> Cancel	_____
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Change	<input type="checkbox"/> Existing <input type="checkbox"/> Cancel	_____
_____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Change	<input type="checkbox"/> Existing <input type="checkbox"/> Cancel	_____

Total Monthly Contributions _____

*Please Note: Certain investment providers may not pay the administration fee. **If you select an investment provider that does not pay the administration fee, the fee will be deducted and paid from your salary reduction amount.** Please refer to the approved vendor list at www.nbsbenefits.com/403b for a current listing of providers that have agreed to pay the fee.

3 Financial Advisor/Agent Information

Financial Advisor/Agent Name

Financial Advisor/Agent Phone Number

Financial Advisor/Agent Email Address

Financial Advisor/Agent Fax Number

4 Employee Approval

I understand and agree to the following:

1. This Salary Reduction Agreement (Agreement) is an agreement between me and my employer that I have entered into voluntarily.
2. This Agreement supersedes and replaces all prior Salary Reduction Agreements.
3. The Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect.
4. The Agreement may be terminated or modified at any time for amounts not yet paid or available.
5. Nothing herein shall affect the terms of my employment with the Employer.
6. This Agreement shall automatically terminate if my employment is terminated.

I authorize the automatic cancellation of this Salary Reduction Agreement in the event of any of the following: (1) if either my employer or National Benefit Services, LLC (my employer's third-party administrator) believe additional contributions will cause me to exceed limits under Code Section 415 or 402(g), (2) if I take a hardship distribution, if available, or (3) if I take an unforeseeable emergency distribution, if available.

I have read and understand the information contained on page 1 of this Agreement. 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.

Employee Signature

Date



2016 403,457 Maximum Allowable Contribution Worksheet

Participant Instructions

The 2016 Maximum Allowable Contribution Worksheet – Part 1 is to be used to determine the maximum dollar amount that you may contribute to the 403(b), and/or Roth 403(b), and 457 Programs in 2016.

The 2016 Maximum Allowable 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 three (3) years of employment prior to attaining Normal Retirement Age.

Upon completion, please submit the original form to your district payroll office. Please also fax a copy of this form to (800) 597-8206. Please note that this form is not valid unless all applicable sections are completed and you have signed the form.

Completed forms should be faxed to National Benefit Services at 1-800-597-8206

If you have questions or want to check the status of the form, please contact National Benefit Services at 1-800-274-0503 ext. 5.

2016 Maximum Allowable Contribution Worksheet – Part 1

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



1 Participant Information

Participant Name		Participant Email Address	
Participant Mailing Address, City, State, Zip Code		Employer name	Employer State
Personal Phone Number	Work Phone Number	Date of Birth	Social Security Number
Financial Advisor/Agent Name		Financial Advisor/Agent Phone Number	

2 403(b) and Roth 403(b) Calculation

1.	2016 base deferral limit	1.	\$18,000
2.	Special 15-Year Catch-up Contribution (if permitted by your employer)		
a.	Have you completed 15 or more full years of service with your current employer? • If NO, enter \$0 in line 2i and proceed to question 3. If YES, continue to the next question.	2a.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	How many full years of service have you completed? • Enter this number on 2b	2b.	_____
c.	What is the total dollar amount of deferrals for the years completed on line 2b? • Enter this amount on 2c	2c.	_____
d.	Divide 2c by 2b. This is your average contribution rate. • Enter this value into 2d	2d.	_____
e.	Subtract line 2d from \$5,000. • Enter this value into 2e ❖ If this value is less than \$0.00, skip to 2i. You are not eligible for this catch up.	2e.	_____
f.	Multiply the value in 2e by the number of full years of service (2b).	2f.	_____
g.	Enter the lesser of 2f or \$15,000 into line 2g.	2g.	_____
h.	Enter the amount of previously utilized 15 year catch-up deferrals into 2h.	2h.	_____
i.	Subtract 2h from \$15,000 enter this into 2i.	2i.	_____
j.	Enter the lesser of 2g and 2i into 2j. • This is the amount that you are eligible for as a lifetime maximum.	2j.	_____
k.	Enter the lesser of 2j and \$3,000 into 2k. • This is the amount you are eligible for this year.	2k.	_____
3.	Age 50 Catch-up Contribution		
a.	Will you reach Age 50 by 12/13/2016?	3a.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	If 3a is YES, enter \$6,000 in line 3b. If 3a is NO, enter \$0 in line 3b.	3b.	_____
4.	Add lines 1, 2k, and 3b. This is your Maximum 403(b) & Roth 403(b) Contribution Amount for 2016. This number cannot exceed \$27,000.	4.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>
5.	Enter the total of any contributions already made to 403(b) plans during 2016.	5.	_____
6.	Subtract line 5 from line 4. This is the total remaining amount you may contribute to 403(b) plans during 2016.	6.	_____

3 Employee Approval

IMPORTANT: You may rely on the accuracy of this Worksheet if the information you provide is correct and complete. Neither your Employer, nor National Benefit Services, LLC, possess data for purposes of calculating the 403(b) Special 15-Year Catch-up Contribution. By signing this Worksheet, you certify that all information provided is accurate and you agree to indemnify and hold harmless your Employer 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) Plan may not exceed the lesser of \$53,000 or 100% of compensation. Your Salary Reduction Agreement must include a copy of this form.

Employee Signature	Date
--------------------	------

2016 Maximum Allowable Contribution Worksheet – Part 2



457(b) Plan Final Three Year Catch-up Calculation

1 Instructions

The 2016 Maximum Allowable Contribution Worksheet – Part 2 is used to determine eligibility for the 457(b) Final Three Year Catch-up Contribution. This Catch-up option is only available if you are in your final three (3) years of employment prior to attaining Normal Retirement Age. Please note that this form is not valid unless all applicable sections are completed and you have signed the form. If you have questions regarding this form, please send an email to 403bService@nbsbenefits.com or call 1-800-274-0503 ext 5.

2 Determine Year of Normal Retirement Age

1. Are you eligible or will you become eligible for retirement benefits under the State retirement system before or during 2018? 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. _____
3. In what calendar year will you terminate employment with your Employer? 3. _____
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? 4. _____

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.
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. _____

3 Determine Total Available Catch-up

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.

Year	Gross Compensation		Maximum Deferral	Contribution Limit	Lesser of Max. Deferral and Contribution Limit	Actual 457(b) Deferral Including Employer Paid	
2001*	_____	X .33 =	_____	\$8,000.00	_____	_____	= 6a. _____
2002	_____	X 1 =	_____	\$11,000.00	_____	_____	= 6b. _____
2003	_____	X 1 =	_____	\$12,000.00	_____	_____	= 6c. _____
2004	_____	X 1 =	_____	\$13,000.00	_____	_____	= 6d. _____
2005	_____	X 1 =	_____	\$14,000.00	_____	_____	= 6e. _____
2006	_____	X 1 =	_____	\$15,000.00	_____	_____	= 6f. _____
2007	_____	X 1 =	_____	\$15,500.00	_____	_____	= 6g. _____
2008	_____	X 1 =	_____	\$15,500.00	_____	_____	= 6h. _____
2009	_____	X 1 =	_____	\$16,500.00	_____	_____	= 6i. _____
2010	_____	X 1 =	_____	\$16,500.00	_____	_____	= 6j. _____
2011	_____	X 1 =	_____	\$16,500.00	_____	_____	= 6k. _____
2012	_____	X 1 =	_____	\$17,000.00	_____	_____	= 6l. _____
2013	_____	X 1 =	_____	\$17,500.00	_____	_____	= 6m. _____
2014	_____	X 1 =	_____	\$17,500.00	_____	_____	= 6n. _____
2015	_____	X 1 =	_____	\$18,000.00	_____	_____	= 6o. _____

7. Add lines 6a through 6n and enter the result in line 7. 7. _____
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. _____
9. Add lines 7 and 8. This is your total available 457(b) Final Three Year Catch-up. 9. _____

4 Determine Amount Of Catch-up Previously Used

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. Add the amounts and enter in box 10. You are only eligible to utilize the 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 Catch-up contribution prior to 2009. 10. _____

	Previously Utilized Catch-up	Maximum Catch-Up	Lesser of Previously Utilized Catch-up and Maximum Catch-up
2014	_____	\$17,500.00	_____
2015	_____	\$18,000.00	_____
		Total	_____

5 Determine Available Catch-up For 2016

11. Subtract line 10 from line 9. 11. _____
12. Enter the lesser of \$18,000 or the amount in line 11. This is your available 457(b) Final Three Year Catch-up for 2016. Also enter this amount in line 3 of the 457(b) section of Part 1 (first page) of this form. 12. _____