

Tippecanoe School Corporation 403(b) Retirement Savings Plan Salary Reduction Agreement

Plan #36860

1. PERSONAL INFORMATION

First Name:	MI:	Last Name:	
Social Security #:	Birth Date:	Hire Date:	
Address:	City:	State:	Zip:
Phone Number:	Email:	Marital Status: Single <input type="checkbox"/>	Married <input type="checkbox"/>

2. PARTICIPATION ELECTION

Regular Contributions: I elect to contribute _____ % or \$ _____ of my salary per pay period.

Roth Contributions: I elect to contribute _____ % or \$ _____ of my salary per pay period.

By signing this agreement, I, the Employee, certify that I understand:

- 1) This Salary Reduction Agreement will be effective with the next date allowable by the Plan.
- 2) For each pay period, the Employer will contribute to the Plan the amount by which I have elected to reduce my compensation under this agreement. For this purpose, compensation means my total wages reportable for federal income tax purposes. This agreement remains in effect until I modify it by entering a Contribution Rate change via my online account.
- 3) The amount of my contributions may be subject to limitations set by the Plan or the Internal Revenue Service.

Employee is responsible for providing the necessary information at the time of initial enrollment and later if there are any changes in any information necessary or advisable for administration of the Plan. Nothing herein shall affect the terms of employment between Employer and Employee. This agreement supersedes all prior salary reduction agreements and **shall automatically terminate if Employee's employment is terminated.**

Submit this completed form to the TSC payroll department. Once processed, you will receive an email from Aspire. Using the link provided, continue your enrollment, assign beneficiaries and make investment choices through your online account. For additional assistance, contact The Chamber Group, Inc. (Plan Advisor) by emailing info@schambergroup.com.

Employee Signature

Date: