



St. Louis Park Public Schools

403(b) & 457 Annuity Contribution Form

EMPLOYEE NAME: _____

PLEASE NOTE: Employee must contact the vendor directly to set-up an account prior to requesting payroll deductions (please see Annuity Vendor Contact list)

SELECTED ANNUITY VENDOR:

- | | |
|---|--|
| <input type="checkbox"/> AIG Retirement/VALIC (VAL) | <input type="checkbox"/> MEA/ESI Educator Financial Assurance (MEA) |
| <input type="checkbox"/> Ameriprise Financial (AMX) | <input type="checkbox"/> Met Life Insurance Company (METLI) |
| <input type="checkbox"/> AXA Equitable Life (ELI) | <input type="checkbox"/> MN State Deferred Compensation – 457(GRTDF/GWD) |
| <input type="checkbox"/> Fidelity Retirement Services (FID) | <input type="checkbox"/> Vanguard Group (VAN) Traditional 403b |
| <input type="checkbox"/> Great West Life (GRTLf) | <input type="checkbox"/> Vanguard Group (VAN) Roth 403b |
| <input type="checkbox"/> Horace Mann Annuity (HOR) | <input type="checkbox"/> Voya Retirement Ins/Annuity Co (AETNA/ATN/ING) |
| <input type="checkbox"/> Horace Mann Mutual Fund (HORMU) | <input type="checkbox"/> Waddell & Reed (WAR) |

CHECK BOX THAT APPLIES:

- | | |
|---|--|
| <input type="checkbox"/> New Enrollment | <input type="checkbox"/> Contribution Change |
| Account Confirmation | <input type="checkbox"/> Cancellation |
| # _____ | |

EFFECTIVE WITH THE SALARY PAID ON (OR SOON THEREAFTER): _____ (DATE)

PER PAY PERIOD DEDUCTION: \$ _____ or ANNUAL ELECTION: \$ _____

Catch-up limits are available if you are age 50 or older. Ask your annuity provider for applicable information

- | | |
|--|---|
| <input type="checkbox"/> Yes, I am using catch up provisions | <input type="checkbox"/> No, catch up is not applicable |
|--|---|

It is understood that I may be asked to provide St. Louis Park Schools with a calculation computed by my Annuity provider that supports my annual contributions limits.

It is also understood that the undersigned employee certifies the liability for any tax deficiency that may result from an improper application of the exclusion as defined by Federal and State Statutes including annual limitations as to the amount of exclusion allowances

EMPLOYEE SIGNATURE: _____ DATE: _____

FOR DISTRICT USE ONLY

Employee Contract: _____ Years of Service: _____ Completed By: _____

Eligible Annual District Match: \$ _____ TSA % Deferred Comp Both

Annuity Vendor Contact List

<p>AIG Retirement - VALIC (VAL) PO Box 15648 Amarillo, TX 79105 Group # 40368 Peter Fleming: (612) 263-1306 / 800-448-2542</p>	<p>MEA/ESI Educators Financial Assurance (MEA) P.O. Box 428 Cambridge, MN 55008 Jim Lutz Phone: (952) 941-9140 Fax: (952) 941-9141</p>
<p>Ameriprise Financial (AMX) 7820 Terrey Pine Court, Suite 200 Eden Prairie, MN 55347 Group # 113262 Aimee Sybrant: (952) 646-1619</p>	<p>Met Life Insurance Company (METLI) 301 Carlson Parkway, Suite 300 Minnetonka, MN 55305 Group # 0836289 John Lindberg: (952) 769-2129</p>
<p>AXA Equitable Life (ELI) P.O. Box 4956 Syracuse, NY 13221 Plan ID # 009219 Shane Schiavo: (612) 243-3235</p>	<p>Minnesota State Deferred Compensation (GRTDF/GWD) 395 John Ireland Blvd. St. Paul, MN 55101-9799 Group # 98995-01 Phone: 1-800-657-5757</p>
<p>Fidelity Retirement Services (FID) PO Box 770002 Cincinnati, OH 45277 Plan ID # 51772 Phone: (800) 343-0860</p>	<p>Vanguard Group (VAN) PO Box 1110 Valley Forge, PA 19482-1110 Plan ID # 10071496 Phone: (800) 962-5068</p>
<p>Great West Life (GRTLF) 305 Minnetonka Avenue South – Suite 180 Wayzata, MN 55391 Plan ID # 85094-01 Katie Williams: 952-955-8216</p>	<p>Voya Retirement Ins/Annuity Company (AETNA/ATN/ING) 100 S Washington Ave. Suite 1700 (formerly ING) Group # GR8002 & VG0261 Juliette Marth: (612) 492-0235 Brian Jakubiak: (612) 492-0233</p>
<p>Horace Mann (HOR) PO Box 19219 Springfield, IL 62794-9291 Group # 22606 David Wenner: (763) 515-6657</p>	<p>Waddell & Reed (WAR) Ryan Haddorff Team 7701 France Ave S. #400 Edina, MN 55435 952-852-1308 / (866) 937-0010</p>