

403(b)/403(b)(7) DISCLOSURE STATEMENT

Name: _____ School District: _____

Date of Birth: _____ Date of Hire: _____ Annual Gross Salary for 20__ \$ _____

Is the company approved by TRS? YES NO If not, did the employee participate in this account prior to June 1, 2002? YES NO

Is the employee eligible for catch-up? YES NO **If yes, please answer the following questions:**

Is the employee currently participating in a 457 catch-up? YES NO

Has the participant contributed less than \$5,000 to their 403(b) over the past 15 years? YES NO

1. List all sales charges, maintenance fees, management fees, etc. pertaining to this account.

2. Is there any life insurance as part of this plan? YES NO
3. List and explain any/all lump sum termination or surrender charges. (Explain any differences in account value due to election of distribution option.)

4. Has the participant received a brochure and/or prospectus on the product(s) purchased? YES NO
5. Effective January 1, 1989, a distribution from a Tax Sheltered Annuity (TSA) purchased under 403(b) of the Internal Revenue Code may be made only if the employee/participant has:
 - a. attained age 59 ½; or
 - b. separated from the service of the employer that purchased the TSA; or
 - c. died; or
 - d. become disabled, as defined in Section 72(m)(7) of the Code; or
 - e. encountered financial hardship within the meaning of Section 403(b) of the Code.
 - f. been issued a qualified domestic relations court order.
6. Does the participant understand that withdrawals prior attaining age 59 ½ will be subject to an I.R.S. penalty of 10% except in circumstances as defined by I.R.S. Code? YES NO
7. **Complete if fixed product.** The provider's net rate of investment income for 20__ was ____%.
The guaranteed rate for the selected product is ____%, and the rate chosen for illustration is ____%.
If the rate chosen for illustration is larger than the provider's net investment rate, please explain why the participant could expect a return greater than the company's net investment rate.

8. The participant will receive statements and/or confirmations [] each transaction, [] monthly, [] quarterly, [] semi-annually, [] annually, [] other _____.
9. Please list all the retirement options that are available and explain any/all penalties associated with the options.

(Print Agent/Broker Name)

(Date)

(Agent Signature)

(Participant's Signature)