

Simi Valley Unified School District
457(b) Salary Reduction Agreement



PLEASE NOTE: To utilize the full functionality available within this PDF form, Adobe Acrobat is recommended. If using Chrome as your web browser, you will need to save the form and open in Adobe Acrobat prior to completing the form electronically.

For Pre-tax Contributions

This form is used to begin, change or stop contributions to a voluntary 457(b) account with the employer sponsored 457(b) plan.

Form Completion

To complete this form, enter the correct information into each designated field within the 'Employee Information' section. Please ensure all spelling and numbers which are entered are accurate.

Once all employee data has been provided, please enter the correct information into each designated field within the 'Contribution Information' section of this form including your contribution amount and the investment provider to receive your contributions. Please read all contribution limit information prior to determining your contribution amount.

Once all contribution information has been provided you may enter your financial advisor's contact information, if applicable. This information is not required, however recommended if you are working with an advisor.

Please review all information on the completed form for accuracy prior to submission. Once you have verified that all information is accurate, print the form and sign where indicated.

Provide this completed and signed form to TDS.

Investment Provider Selection and Information

Employees are solely responsible for the selection and establishment of a 457(b) account prior to submitting this Salary Reduction Agreement. The investment provider list can be found below. Investment provider information can be provided by the plan administrator or on the respective company websites. Further information may be available through a financial advisor or tax professional.

Below is a list of the approved Investment providers for the Employer's 457(b) Plan. The Salary Reduction Agreement can be found following the Investment Provider Listing.

Investment Provider/Vendor Name	No Monthly Fee	\$3 Monthly Fee (through payroll deduction)
American Fund/Capital Guardian - 457 **	X	
American United Life Insurance Co. - 457	X	
CalSTRS Pension 2 (VOYA) - 457	X	
Great American Insurance Group - 457 **	X	
Industrial Alliance Pacific - 457	X	
National Life Group (LSW) - 457	X	
Orion Portfolio Solutions, LLC (Formerly FTJ FundChoice) - 457	X	
Pacific Life Insurance Company - 457	X	
Security Benefit - 457	X	

*Note: Service Providers with a double asterisk notation (**) are not authorized to accept new accounts under your employer's plan. Please contact Tax Deferred Solutions with any questions.*

Monthly Administration Fee

A fee of \$3 per month is charged to each investment provider by the employer's plan administrator to cover the costs of administration. Many investment providers have agreed to pay this fee and do not pass it along to the plan participants. Some investment providers may require that the plan administration fee be paid by the plan participant. If the participant is responsible for paying this fee it will be deducted through an after-tax payroll deduction.

Contribution Limits

Contribution limits are defined by the Internal Revenue Service each year. Based on your age and years of full-time service with your current employer, you may be eligible to contribute more than the normal annual contribution limit. Please contact a financial advisor or your plan administrator for more information on these provisions.

Questions

For questions about this form please contact Tax Deferred Solutions, the plan administrator, at (866) 446-1072.