

403(b)

# Retirement Savings Plan

## Retirement Savings Plan

### Salary Reduction Agreement

This Agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between \_\_\_\_\_ (employee) and the Hamilton-Wenham Regional School District (employer).

Each hereby agrees that beginning \_\_\_\_\_, 20\_\_\_\_ \*compensation of said employee for each of the first two pay periods of each month shall be reduced by \$\_\_\_\_\_ per pay period equal to \$\_\_\_\_\_ per month.

Current 403(b) /Annuity Company\*\* \_\_\_\_\_

If you are starting a new contribution or changing 403(b)/annuity plan companies, you MUST provide the enrollment paperwork from the plan Provider Company prior to deductions/changes occurring. Do not use this form. This form ONLY acknowledges your intent to enroll in a qualified plan.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Authorized Signature for Employer

\_\_\_\_\_  
Printed Name and Title



The Hamilton-Wenham Regional School District does not discriminate in its programs, activities or employment practices on the basis of race, color, sex, sexual orientation, gender identity, religion, disability, age, genetic information, active military/veteran status, marital status, familial status, pregnancy, or pregnancy-related condition, homelessness, ancestry, ethnic background, national origin, or any other category protected by state or federal law.