

Duneland School Corporation 403(b) Retirement Savings Plan

Salary Deferral Agreement

1. PERSONAL INFORMATION

Plan # 8655

First Name:	MI:	Last Name:	
Social Security #:	Birth Date:	Hire Date:	
Address:	City:	State:	Zip:
Phone Number:	Email:	Marital Status: Single ☐	Married ☐

2. PARTICIPATION ELECTION

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

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

Once enrolled, please log into your online account to make your investment choices.

☐ I do not wish to participate at this time.

By signing this agreement, I, the Employee, certify that I understand: 1) This Agreement will be effective with the next date allowable by the Plan or the Plan Administrator. 2) For each pay period, the Employer will contribute to the Plan the amount I have elected to reduce my compensation under the agreement ("Deferral Contributions".) For this purpose, compensation means my total wages reportable for federal income tax purposes. Deferral Contributions are not subject to federal or state income tax until distributed from the Plan, but are subject to Social Security taxes. This Agreement remains in effect until I revoke or modify it, in accordance with the Plan, by providing a new Enrollment Form to my Employer. 3) The amount of my Deferral Contributions may be subject to limitations set by the Plan or the Internal Revenue Service. 4) I may obtain further information from the Summary Plan Description or my Employer.

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 Employer to administer 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.

Employee Signature

Date: