



**Watertown Mayer**  
Public Schools

**403b MATCH SALARY REDUCTION AGREEMENT FORM**

Employee Name (Please Print): \_\_\_\_\_

This is a (check all that apply):  New Agreement  Change in Vendor  
 Change in Employer Match Contribution  Change in Employee Contribution

I hereby request to participate in the TSA Matched Plan as set forth in the Personnel Policies and Wage schedules for employees of Watertown-Mayer Public Schools - Independent School District #111.

**Designating a 403b vendor:** I request that my 403b contributions be sent to:

Ameriprise Financial  ASP - Aspire  EdMn/ESI  Fidelity

**Employer Match Amount:** I request an annual employer match contribution in the amount of \$ \_\_\_\_\_. Employer match contributions will be forwarded to the specified vendor on a monthly basis.

**Employee Contribution:** I request and authorize ISD #111 to reduce my salary by an annual amount of \$ \_\_\_\_\_. Employee contributions will be forwarded to the specified vendor on a semi-month basis.

This TSA Match Agreement is irrevocable except in the event that the employee terminates active employment. If an employee does terminate active employment, the TSA Match will be prorated according to the terms of the contract pay-off. Furthermore, this agreement will continue until the employee completes a change form to make an authorized change.

The undersigned employee certifies and agrees to determine on an **annual** basis hereafter that the salary reduction amount designated in this Agreement and all other such agreements in effect with ISD #111 meets all conditions required by Federal and State Statutes, including annual limitation as to the amount of exclusion allowance.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Must be Completed for New Agreements or Vendor Changes***

As agent for:  Ameriprise Financial  ASP - Aspire  EdMn/ESI  Fidelity, I have investigated the eligibility of the above applicant to qualify for a tax-sheltered annuity in the amount shown and certify that this agreement satisfies all conditions required by Federal and State Statutes including annual limitation as to amount of exclusion allowance. This Agreement is not valid unless the agent agrees to these provisions.

Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_