



TSA Match Request Form

St Paul Public Schools ISD 625

Part 1. Employee Information

Name: _____ Last 4 of SSN: _____ Empl ID: _____
Union: _____ Original Hire Date: _____ Status: Full Time Part Time

Part 2. Employee Contribution Information

Indicate which plan(s) you are currently making payroll deductions to: Fidelity 403(b) VOYA 403(b) MNDCP 457

NOTE: Do NOT use this form to start or request a change to your employee contributions (payroll deductions). This form should ONLY be used to request the employer match.

- To start or change 403(b) employee deduction amounts, you must complete the salary reduction agreement form. That form also includes a section to request the employer match. If you request the match on the salary reduction agreement form, you do *not* need to complete this form as well.
- To start or change 457 employee deduction amounts, you must contact MNDCP and change the deduction amount with them and they will notify the district of the payroll deduction change. Request the employer match using this form once your deductions are set up through MNDCP.

Part 3. Employer Match

I request to participate in the matching funds program, if eligible. (Refer to collective bargaining agreement for eligibility rules.)

(Select one) Fidelity VOYA MNDCP Eligible Match Amt: _____

NOTE: When an employee contributes to both a 403b plan and a 457 plan, the district will default the employer match the 403b plan contributions first.

Part 4. Agreement

Employer does not choose the annuity contract or custodial account in which your employee deductions are invested. When an employee contributes to both a 403(b) plan and a 457(b) plan, the employer match amount will be applied to the 403(b) contributions first. Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness or tax consequences of the purchase of the annuity and/or custodial account.

- Employees are responsible for setting up and signing the legal documents to establish the annuity contract or custodial account.
- In order to receive the expected tax results, Employees are responsible for investing in annuity contract or custodial accounts that meet the requirements of Section 403(b) or Section 457(b) of the Internal Revenue Code.
- Employees are responsible for naming a death beneficiary under annuity contracts or custodial accounts. This is normally done at the time the contract or account is established. Beneficiary designations should be reviewed periodically.
- Employees are responsible for all distributions and any other transactions with Service Provider. All rights under contracts or accounts are enforceable solely by Employee, Employee beneficiary or Employee's authorized representative. Employee must deal directly with Service Provider to make loans, transfer to different contract or custodial accounts, begin distributions, or any other transactions.
- Employee understands Employer shall have no liability whatsoever for any and all losses suffered by Employee with regard to his/her selection of the annuity and/or custodial account; its terms; the selection of the insurance company or regulated investment company; the financial condition, operation of or benefits provided by said insurance company or regulated investment company; or his/her selection and purchase of shares of regulated investment companies.
- Employees are responsible for determining that all contributions do not exceed the allowable contribution limits under Applicable Law.
- Nothing herein shall affect the terms of employment between Employer and Employee.

I understand my responsibilities as an Employee under this Program, and I request that Employer take the action specified in this agreement. I understand that all rights under the annuity or custodial account established by me under the Program are enforceable solely by me, my beneficiary or my authorized representative.

Employee Signature: _____ Date: _____

Part 5. Employer Signature

Employer hereby agrees to this employer match.

HR Representative Signature: _____ Effective Date: _____

HR/Payroll Notes: _____