

Idaho Falls School District 91

Fact Sheet/Questionnaire for 403(b) Tax -deferred Programs

1. Is your company licensed to do business in the State of Idaho? ___Yes ___No
2. Are there any life insurance benefits with this program? ___Yes ___No
If yes, explain the details.
3. What dollar amount or percentage of my monthly or annual contribution is used to pay:
 - a. Set-up Costs? _____
 - b. Agent Commissions? _____
 - c. Administrative Costs? _____
 - d. Sales or Transfer Costs? _____
4. Can I withdraw my contributions at any time without a penalty? ___Yes ___No
If no, explain the details.
5. Does my program have a guaranteed rate of return? ___Yes ___No
6. Do you have a local service agency for this tax-deferred program? ___Yes ___No
If so, what is the current agent's name? _____
Agent's years of experience selling tax-deferred programs: _____ years
7. Will I have a contractual right to elect a lump sum settlement? ___Yes ___No
8. Is there a death benefit related to my tax-deferred program? ___Yes ___No
9. Is the total amount of my annual contribution allowable within the existing tax law? ___Yes ___No

I have examined this questionnaire and affirm that the information furnished is correct as shown, and I further affirm that the company and myself as an agent will fully comply with the Idaho Falls School District 403b Plan and both State and Federal laws governing the same.

Signature of Agent: _____ Date: _____

I have reviewed the contents of this questionnaire and wish to enroll. I realize that this list of questions is not complete, and that my decision to enroll does not totally rely upon the information presented to me in the questionnaire.

Signature of Employee: _____ Date: _____