

San Joaquin COE (Tracy Unified School District)
Investment Provider Listing



Below is a list of the approved Investment providers for the Employer's 403(b) Plan.
 The Salary Reduction Agreement can be found following the Investment Provider Listing.

Investment Provider Name	\$3 FEE	STRS ID#	Escape Deduction Group ID
American Century Investments	X	1164	T002
American Fidelity Assurance Company		1062	T004
American Funds Distributors, Inc. (AFD)	X	1057	T005
American United Life (AUL), a OneAmerica Financial Partner	X	1128	T006
Americo Financial Life and Annuity Ins Co/Great Southern Life Ins Co**		1035	T007
Ameriprise Financial Inc.		1041	T003
California Teachers Association (CTA)	X	1926	T069
CalSTRS Pension 2	X	1097	T056
Commonwealth Annuity and Life Insurance Company		1018	T013
Equitable Life Insurance Company (Formerly Axa)		1067	T011
Fidelity Investments	X	1133	T015
Fiduciary Trust International of the South ("FTIOS")	X	1025	T017
First Investors funds distributed by Foresters Financial		1077	T016
FTJ FundChoice, LLC (aka Orion Portfolio Services)	X	1148	T018
GLP Investment Services, LLC		1817	T067
Great-West Life & Annuity Company*		1084	T021
GWN Securities, Inc		1113	T022
Hartford, The	X	1009	T023
Horace Mann Companies		1014	T024
Industrial-Alliance Pacific Life Insurance Company, US Branch		1135	T025
IPX (FPS Group)		1966	T071
Jackson National Life Ins. Co.	X	1108	T028
Legend Group; The		1052	T029
Lincoln Investment Planning, Inc.		1068	T031
Lincoln Nat'l Life Ins Co (Lincoln Fin Grp), The		1029	T032
LSW dba National Life Group		1036	T030
MassMutual, through its subsidiary, C.M. Life Insurance Company		1074	T033
MetLife Insurance Company USA		1073	T034
Metropolitan Life Insurance Co -aka- MetLife, MetLife Resources		1024	T036
Midland National		1043	T037
Modern Woodmen of America		1015	T038
National Health Insurance Company (NHIC)*		1188	T039
New York Life Ins. & Annuity Corp.		1083	T041
North American Company for Life and Health		1472	T040
Oppenheimer Funds Distributor, Inc (aka Invesco)		1121	T042
Pacific Life Insurance Company	X	1130	T043
Pentegra Retirement Services***		1718	T044
PFS Investments Inc		1030	T045
PlanMember Services Corp		1127	T046
Putnam Investments		1145	T048
RSG Securities/National Planning Corporation	X	1174	T049
Security Benefit		1022	T050
T. Rowe Price	X	1005	T052
Thrivent Financial AKA Thrivent Financial for Lutherans		1038	T054
Thrivent Investment Management Inc.		1066	T055
TIAA-CREF (Teachers Insurance & Annuity Association of America)	X	1023	T053
Transamerica Financial Life Insurance Company		1413	T059
Transamerica Fund Services, Inc.	X	1076	T058
Transamerica Life Insurance Company*		1160	T059
USRA Life Insurance Company		1053	T063
VALIC		1117	T001
Vanguard Group, The	X	1102	T064
Victory Capital Management Inc. (USRA Mutual Funds)		1142	T070
Voya Financial / ReliaStar		1060	T026
Waddell & Reed, Inc		1042	T065
Western National Life Insurance Company	X	1162	T066

Roth 403(b) Investment Providers			
American Century Investments	X	1164	TROTH0
California Teachers Association (CTA)	X	1926	TROTH9
CalSTRS Pension 2	X	1097	TROTH3
Equitable Life Insurance Company (Formerly Axa)		1067	TROTH12
Fidelity Investments	X	1133	TROTH7
Horace Mann Companies		1014	TROTH5
Industrial-Alliance Pacific Life Insurance Company, US Branch		1135	TROTH1
IPX (FPS Group)		1966	TROTH13
Lincoln Investment Planning, Inc.		1068	TROTH8
LSW dba National Life Group		1036	TROTH4
Oppenheimer Funds Distributor, Inc		1121	TROTH6
PFS Investments Inc		1030	TROTH2
Vanguard	X	1102	TROTH10

* This company is no longer accepting new 403(b) contributions and therefore no fee will be assessed on the current accounts.

**This investment provider does not authorize NEW voluntary contributions. Current voluntary contributions may be continued and the deferral amounts may be changed.

*** This company will pay a portion of the fee and will charge the participant's account for the remainder of the fee.

Monthly Fee

A fee of \$3 per month for every month of participation is charged to each investment provider by the employer's third party administrator to cover the costs of administering the employer's 403(b) plan. Many investment providers have agreed to pay this fee and not pass it along to participants. Other investment providers will require that the fee be paid by the participant; participant payments are completed through an after-tax payroll deduction.

Investment Information

Please consult with your financial advisor regarding your investment options. Investment information and comparisons are available at www.403bcompare.com.

Contact TDS

If you need further assistance or have additional questions about this form, please don't hesitate to call us! Our Toll Free number is (866) 446-1072 and following a short prompt, please hold the line for the next available representative. The TDS Service Center is open Monday through Friday from the hours of 8:00am to 5:00pm, Pacific Time.

403(b) Salary Reduction Agreement

The Salary Reduction Agreement is used to establish, change, or cancel elective deferrals withheld from your paycheck either before tax or after tax and contributed to an account within the employer-sponsored 403(b) Plan on your behalf. The fully completed and signed Salary Reduction Agreement is to be used ONLY for the **San Joaquin COE (Tracy Unified School District) 403(b) Plan**

Employee Information	Employee Name			Social Security Number		
	Employee Street Address			Pay Cycle <input type="checkbox"/> 10 Pay <input type="checkbox"/> 11 Pay <input type="checkbox"/> 12 Pay <input type="checkbox"/> Other: _____		
	City	State	Zip Code	Job Title		
	Email Address			Employee Classification <input type="checkbox"/> Certificated <input type="checkbox"/> Classified		
	Primary Phone		Secondary Phone		Date of Birth	
	Primary Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		Secondary Phone Type <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		Date of Hire	
Contribution Information	Your Maximum Allowable Contribution ("MAC") cannot exceed \$23,500 for 2025. If you reach age 60-63 anytime in 2025, your Maximum Allowable Contribution ("MAC") cannot exceed \$34,750, or if you reach age 50-59 or 64+ anytime in 2025, your Maximum Allowable Contribution ("MAC") cannot exceed \$31,000.					
	<input type="checkbox"/> Please check here if you have contributed to another 403(b), 401(k), or 401(a) plan this calendar year. If so, please provide the amount of the year-to-date contributions you have made to the other plan(s): \$ _____ and, if applicable, the name of the other plan: _____					
	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Pre-tax 403(b) Contributions <input type="checkbox"/> BEGIN contributions to a <i>pre-tax</i> 403(b) account <input type="checkbox"/> CHANGE contributions to a <i>pre-tax</i> 403(b) account <input type="checkbox"/> CANCEL all contributions to a <i>pre-tax</i> 403(b) account </td> <td style="width: 50%; vertical-align: top;"> After-tax (Roth) 403(b) Contribution <input type="checkbox"/> BEGIN contributions to a <i>Roth</i> 403(b) account <input type="checkbox"/> CHANGE contributions to a <i>Roth</i> 403(b) account <input type="checkbox"/> CANCEL all contributions to a <i>Roth</i> 403(b) account </td> </tr> </table> <p><small>Effective Date: This Salary Reduction Agreement will go into effect as soon as administratively feasible but no sooner than the first day of the month following the date of submission and acceptance (e.g. If the form is received in May, contributions may begin no sooner than June). The first payroll in the month following the submission and acceptance of this form is deemed the effective date.</small></p>					Pre-tax 403(b) Contributions <input type="checkbox"/> BEGIN contributions to a <i>pre-tax</i> 403(b) account <input type="checkbox"/> CHANGE contributions to a <i>pre-tax</i> 403(b) account <input type="checkbox"/> CANCEL all contributions to a <i>pre-tax</i> 403(b) account
Pre-tax 403(b) Contributions <input type="checkbox"/> BEGIN contributions to a <i>pre-tax</i> 403(b) account <input type="checkbox"/> CHANGE contributions to a <i>pre-tax</i> 403(b) account <input type="checkbox"/> CANCEL all contributions to a <i>pre-tax</i> 403(b) account	After-tax (Roth) 403(b) Contribution <input type="checkbox"/> BEGIN contributions to a <i>Roth</i> 403(b) account <input type="checkbox"/> CHANGE contributions to a <i>Roth</i> 403(b) account <input type="checkbox"/> CANCEL all contributions to a <i>Roth</i> 403(b) account					
Investment Provider Information	Investment Provider Name		Contribution Type	403bcompare Number*	Contribution Amount**	
			<input type="checkbox"/> Pre-tax	#	\$	
			<input type="checkbox"/> After-tax			
			<input type="checkbox"/> Pre-tax	#	\$	
<input type="checkbox"/> After-tax						
<small>*New 403(b) accounts must have a 403bcompare.com number listed **Per payroll cycle</small>						
<small>†403(b) account must be established PRIOR to submission of Salary Reduction Agreement to your Employer</small>						
Total <u>PRE-TAX</u> contribution amount for each payroll cycle: \$ _____						
Total <u>AFTER-TAX</u> contribution amount for each payroll cycle: \$ _____						
Financial Advisor Information	Advisor Name			Advisor Phone		
	Email Address			Firm Name		
Employee Approval	I understand and agree with the following: <ul style="list-style-type: none"> • This Salary Reduction Agreement is an agreement between me and my Employer which I have entered voluntarily. • This Agreement supersedes all prior 403(b) Salary Reduction Agreements and will automatically terminate if my employment is terminated. • This Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect. • This Agreement may be terminated at any time and may be changed with respects to amounts not yet paid or available. 					
	I certify that I have read this complete agreement and that my contributions to the 403(b) Plan do not result in a contribution amount that exceeds the contribution limits under applicable law. I understand my responsibilities as an employee under the 403(b) Plan, and by signing this agreement, I direct Employer to take the actions specified in this agreement unless deemed inappropriate by my Employer or the Plan Administrator.					
	I understand that I am responsible for notifying TDS if the employee is currently contributing to another 403(b), 401(k), or 401(a) at the time that this Salary Reduction Agreement is signed. Furthermore, I agree to notify TDS in the event the employee begins contributions to another 403(b), 401(k), or 401(a) Plan.					
	I have read and understand all information contained on page 4 of this Agreement					
	Employee Signature: X			Date:		
Employer Authorization	Employer Acceptance (Signature): X			Date:		

403(b) Salary Reduction Agreement

Important Information	<p>The Employee is solely responsible for the completion of all documents to establish the annuity contract or custodial account which <u>must</u> be established prior to the submission of this Agreement.</p> <p>The employee acknowledges that they have received Employer's list of approved providers and understands that participation in the 403(b) plan with some providers will result in a \$3.00 fee to Employee each month. In the event Employee selects a provider that does not cover the cost of administration as listed in the Employer's list of approved providers, Employee authorizes and directs Employer to deduct the administration fee directly from their paycheck through an after-tax payroll deduction.</p> <p>The employee acknowledges that neither the Employer nor Tax Deferred Solutions (TDS) has made any representation regarding the advisability, appropriateness or tax consequences of the investment, distribution or any other transaction related to the 403(b) plan.</p> <p>Participation in a 403(b) Plan is voluntary, and the Employee agrees to hold harmless and indemnify the Employer and Tax Deferred Solutions against all actions, claims, and demands that may arise from the purchase of annuities or custodial accounts within the 403(b) Plan.</p> <p>Employee understands and agrees that Employee is responsible for determining that annual salary reduction contributions to all elective deferral plans do not exceed the limits of the Applicable Law.</p> <p>Neither the Employer nor TDS shall have any liability for any and all losses suffered by the Employee with regard to his/her selection of the annuity and/or custodial account; its terms; the selection of Investment Provider; the solvency of, operation of, or benefits provided by said Investment Provider; or his/her selection and purchase of annuity contracts and/or shares of regulated investments from an Investment Provider.</p> <p>It is understood by the Employee that the Employer is authorized to utilize the services of a Plan Administrator at the discretion of the Employer, and as such, the Employer may direct the amount of salary reduction/deduction from the Employee to the Plan Administrator with the intent of having the Plan Administrator distribute such funds to the designated Investment Providers.</p> <p>Employers are responsible for all distributions and any other transactions with the Investment Providers. All rights under the annuity contracts or custodial accounts are enforceable solely by Employee, Employee's beneficiary or Employee's authorized representative. However, Employer has certain responsibilities under the 403(b) Plan with respect to the integrity of the transactions for the Plan and may require an authorized representative from Employer to approve any requested transactions by Employees. The employee must cooperate directly with any Investment Provider or Employer representative, as directed by Employer to exchange contract(s) or custodial account(s) to another investment provider, make distributions, request loans, exchanges or otherwise access 403(b) Plan assets.</p> <p>By submitting this Agreement, the release of confidential information to third parties including Investment Providers, Plan Administrators and their representatives may occur as necessary to administer the Plan in accordance with applicable State and Federal law.</p> <p>Employer reserves the right to alter the terms of this Agreement as required to facilitate Plan compliance with State and Federal law.</p>
Instruction	<p>Please review this form carefully and once completed and signed, please <u>submit the form to the appropriate office of your employer</u>. For further information on this form please contact:</p> <p style="text-align: right;">Tax Deferred Solutions 6939 Sunrise Blvd, Suite 250 Citrus Heights, CA 95610 866.446.1072 – toll free 916.221.5040 – fax customerservice@tdsplans.org – email</p>