

## Contract Worker Hiring Paperwork

The following documents **are required** to work.

- Current Driver's License or State ID (cannot be a copy or LA Wallet, must be the actual card)
- Social Security Card \*Application must be completed with the name that matches your social security card
- Birth Certificate
- Voided check or letter f direct deposit from your bank

Note: **Please print out one sided only.** The application must be completed, signed and dated for the date of your appointment. Failure to have all documents will cause your appointment to be rescheduled. Copies of your documents can be made at the time of your appointment. If you have any questions filling out the application, you can call Morgan for help.

- ❖ You must be fingerprinted for a background check at the School Board office. The cost is \$54.50. To be fingerprinted please follow the directions below in order as written.
  - Call Morgan Futch for an appointment.
  - Pre-register for your background check. Read page 2 for steps on how to register for your background check. This is a required step and must be done at least one day before your appointment.
  - Bring all paperwork, required documents and a debt or credit to pay for your background check.
- ❖ You must call the phone number below to make an appointment, cancel or reschedule. If I do not answer, leave your name and number so I can return your call. If you do not leave your name and number, I have no way of knowing you have called. I usually return calls right away unless I am out of the office.

**You will come to 1600 N. 7<sup>th</sup> St. West Monroe, La for your appointment.**

Morgan Futch  
Phone: 318-432-5230  
Email: [Morgan.Futch@opsb.net](mailto:Morgan.Futch@opsb.net)

# CONTRACT WORKER BACKGROUND CHECK INFORMATION

**Fingerprint Payment Method: it is best to do this on a computer or laptop**

**Go to:**

**Opsb.net**

**Jobs**

**Contract Worker**

**Fingerprint information**

**PLEASE READ ALL 6 STEPS BEFORE YOU GO TO STEP 1.**

**You must have an appointment before you can register for a background check**

Step 1: Click the [Identigo Link Here](#).

Step 2: Once on the website, fill out all information.

Step 3: When you get to the part that asks you to pick the location, type in SP-WESTMONROE (just like it is typed here, all caps no spaces).

Step 4: After you type in SP-WESTMONROE, click on the **magnifying glass/search**. **DO NOT CLICK WHERE IT SAYS USE MY LOCATION**. When our location, 1600 N. 7th St, pops up hit the next button that is beside our location information. **DO NOT REGISTER AT THE ST. JOHN LOCATION**. WE DO THE BACKGROUND CHECK HERE IN THE OFFICE.

Step 5: When it asks you to set an appointment date and time, please put in the appointment time that Morgan Futch gave you. If your appointment time is not shown pick the one closest to yours. (Example: If your appointment time is 9:00 a.m., but the only time available is 12:00, choose 12:00 but still show up at 9:00 am.)

Step 6: Bring in paperwork, all identification, and debit card or credit card to pay for your background check to Morgan at the time of your appointment.

Payment is made here in the office when you do your background check. We only take debit or credit cards.

For any other questions, please call Morgan Futch at 318-432-5230.

**\*\*If you have ever been arrested for a felony you will not be permitted to work for Ouachita Parish School System. If you had a felony and it was dropped or dismissed, please bring the papers with you at the time of your appointment for proof.**

Todd Guice – Superintendent  
1600 N. 7<sup>th</sup> St  
West Monroe, La 71291  
318-432-5000



Jason Thompson – Chief of Staff  
1600 N. 7<sup>th</sup> St  
West Monroe, La 71291  
318-432-5206

## CONTRACT PAPERWORK

ARE YOU ARE RETIREE RETURN TO WORK? YES OR NO

HAVE YOU EVER BEEN A SUB FOR OPSB? YES OR NO

HAVE YOU EVER BEEN IN A STATE RETIREMENT SYSTEM?

IF YES, CIRCLE WHICH ONE: TRSL LSERS LASERS ORP

SOCIAL SECURITY NUMBER: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

MALE/FEMALE: \_\_\_\_\_ RACE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**\*\*PLEASE BRING A VOIDED CHECK OR LETTER OF DIRECT DEPOSIT FROM YOUR BANKING INSTITUTE. IF YOU DO NOT BRING ONE OF THESE WITH YOU, YOUR PAY CHECK WILL BE MAILED TO YOU.**

**DO NOT FILL OUT BOX BELOW, FOR OFFICE USE ONLY.**

Date Employed by OPSB: \_\_\_\_\_

Position: \_\_\_\_\_

School: \_\_\_\_\_

FEDERAL TAXES \_\_\_\_\_

STATE TAXES \_\_\_\_\_

Todd Guice – Superintendent  
1600 N. 7<sup>th</sup> St  
West Monroe, La 71291  
318-432-5000



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West Monroe, La 71291  
318-432-5206

## AUTHORIZATION FOR ELECTRONIC DEPOSIT

**\*REQUIRED FOR ALL NEW EMPLOYEES**

I, \_\_\_\_\_ hereby authorize Ouachita Parish School Board to "Electronically Deposit" my funds on a date specified by OPSB to the bank of my choice. It is understood that this banking procedure is mandatory by Ouachita Parish School Board and is limited to one bank per employee. It is also understood that it is my sole responsibility to notify OPSB of my bank account information as well as any changes made to my bank account in the event of an error in the credit entry, the correction of which requires that a revising (data) entry is made, I hereby authorize the Depository Institution to initiate such a debit entry in the amount of the error of my account.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER OR EMPLOYEE ID: \_\_\_\_\_

ATTACH VOIDED CHECK OR DIRECT DEPOSIT LETTER FROM BANK TO VERIFY BANK INFORMATION AND COMPLETE THE FOLLOW:

BANK NAME: \_\_\_\_\_

BANK ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

☐ SAVINGS

☐ CHECKING

EMPLOYEE MUST NOTIFY PAYROLL AT LEAST 7 DAYS PRIOR TO PAYDAY OF ANY CHANGE IN DIRECT DEPOSIT STATUS



## Employee's Withholding Certificate (L-4)

This form must be filed with your employer.

### For Questions:

Phone: (855) 307-3893

Send an email by visiting

<https://revenue.louisiana.gov/contact-us/>

**Purpose:** Complete Form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

**Instructions:** Employees who are subject to state withholding must provide their expected tax return filing status in Block A.

- Employees must file a new certificate within 10 days if the number of their deductions decreases, except if the change is the result of the death of a spouse.
- Employees may file a new certificate any time the number of their deductions increases.
- Line 7 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willfully failing to supply information that would reduce the withholding amount.

This form must be filed with your employer. If an employee fails to complete this withholding certificate, the employer must withhold Louisiana income tax from the employee's wages without any standard deduction.

**Note to Employer:** Keep this certificate with your records.

### Block A

- Enter "0" to claim no standard deduction and check the appropriate box under number 3 below. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.
- Enter "1" to claim a standard deduction if your filing status is single or married filing separate and check the appropriate box under number 3 below if you did not claim this deduction in connection with other employment or if your spouse has not claimed a deduction.
- Enter "2" to claim a standard deduction if your filing status is married filing jointly, head of household, or qualifying surviving spouse and check the appropriate box under number 3 below.

A.

Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records.

Form **L-4**

Louisiana  
Department of  
Revenue

## Employee's Withholding Certificate

|                                                                                                                                                                                                                                      |                                                                                                                                                                                                                         |           |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| 1. First name and middle initial                                                                                                                                                                                                     |                                                                                                                                                                                                                         | Last name |      |
| 2. Social security number                                                                                                                                                                                                            | 3. Select one:<br><input type="checkbox"/> No deduction <input type="checkbox"/> Single or married filing separately <input type="checkbox"/> Married filing jointly, qualifying surviving spouse, or head of household |           |      |
| 4. Home address (number and street or rural route)                                                                                                                                                                                   |                                                                                                                                                                                                                         |           |      |
| 5. City                                                                                                                                                                                                                              |                                                                                                                                                                                                                         | State     | ZIP  |
| 6. Total number of deductions claimed in Block A                                                                                                                                                                                     |                                                                                                                                                                                                                         |           | 6.   |
| 7. Adjustments. Enter any increase or decrease in the amount of tax to be withheld each pay period. Decreases should be indicated as a negative amount and cannot result in an amount less than zero to be withheld each pay period. |                                                                                                                                                                                                                         |           | 7.   |
| I declare under the penalties imposed for filing false reports that the number of deductions claimed on this certificate do not exceed the number to which I am entitled.                                                            |                                                                                                                                                                                                                         |           |      |
| Employee's signature                                                                                                                                                                                                                 |                                                                                                                                                                                                                         |           | Date |

The following is to be completed by employer.

|                                |                                                |
|--------------------------------|------------------------------------------------|
| 8. Employer's name and address | 9. Employer's state withholding account number |
|--------------------------------|------------------------------------------------|

**Employee's Withholding Certificate**

OMB No. 1545-0074

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.****Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2026****Step 1:  
Enter  
Personal  
Information**

|                                                                                                                                                                                                                                                                                                                                   |           |                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (a) First name and middle initial                                                                                                                                                                                                                                                                                                 | Last name | (b) Social security number                                                                                                                                                                          |
| Address                                                                                                                                                                                                                                                                                                                           |           | Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> . |
| City or town, state, and ZIP code                                                                                                                                                                                                                                                                                                 |           |                                                                                                                                                                                                     |
| (c) <input type="checkbox"/> Single or Married filing separately<br><input type="checkbox"/> Married filing jointly or Qualifying surviving spouse<br><input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) |           |                                                                                                                                                                                                     |
| <b>Caution:</b> To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.                                                                                                |           |                                                                                                                                                                                                     |

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

|                                                                  |                                                                                                                                                                                                                                                                           |      |    |  |
|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----|--|
| <b>Step 3:<br/>Claim<br/>Dependent<br/>and Other<br/>Credits</b> | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):                                                                                                                                                                             |      |    |  |
|                                                                  | (a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . .                                                                                                                                                                                          | 3(a) | \$ |  |
|                                                                  | (b) Multiply the number of other dependents by \$500 . . . . .                                                                                                                                                                                                            | 3(b) | \$ |  |
|                                                                  | Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . .                                                                                                                                                               | 3    | \$ |  |
| <b>Step 4:<br/>Other<br/>Adjustments</b>                         | (a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .                         | 4(a) | \$ |  |
|                                                                  | (b) <b>Deductions.</b> Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . . | 4(b) | \$ |  |
|                                                                  | (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .                                                                                                                                                                        | 4(c) | \$ |  |

**Exempt from withholding** I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

**Step 5:  
Sign  
Here** Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
Employee's signature (This form is not valid unless you sign it.)

\_\_\_\_\_  
Date

|                           |                             |                          |                                      |
|---------------------------|-----------------------------|--------------------------|--------------------------------------|
| <b>Employers<br/>Only</b> | Employer's name and address | First date of employment | Employer identification number (EIN) |
|                           |                             |                          |                                      |



**Employment Eligibility Verification**  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

|                                                                                                                                                                                                                                                                                                                                                     |                             |                                                                                                                                 |              |                             |                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------|----------------------------------------------------|
| Last Name (Family Name)                                                                                                                                                                                                                                                                                                                             |                             | First Name (Given Name)                                                                                                         |              | Middle Initial (if any)     | Other Last Names Used (if any)                     |
| Address (Street Number and Name)                                                                                                                                                                                                                                                                                                                    |                             | Apt. Number (if any)                                                                                                            | City or Town |                             | State ZIP Code                                     |
| Date of Birth (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                          | U.S. Social Security Number | Employee's Email Address                                                                                                        |              | Employee's Telephone Number |                                                    |
| <b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b> |                             | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):   |              |                             |                                                    |
|                                                                                                                                                                                                                                                                                                                                                     |                             | <input type="checkbox"/> 1. A citizen of the United States                                                                      |              |                             |                                                    |
|                                                                                                                                                                                                                                                                                                                                                     |                             | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)                                      |              |                             |                                                    |
|                                                                                                                                                                                                                                                                                                                                                     |                             | <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)                                              |              |                             |                                                    |
|                                                                                                                                                                                                                                                                                                                                                     |                             | <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) |              |                             |                                                    |
|                                                                                                                                                                                                                                                                                                                                                     |                             | If you check Item Number 4., enter one of these:                                                                                |              |                             |                                                    |
|                                                                                                                                                                                                                                                                                                                                                     |                             | USCIS A-Number                                                                                                                  | OR           | Form I-94 Admission Number  | OR Foreign Passport Number and Country of Issuance |
| Signature of Employee                                                                                                                                                                                                                                                                                                                               |                             | Today's Date (mm/dd/yyyy)                                                                                                       |              |                             |                                                    |

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| List A                                                                                                                                                                                                                                                                                                                                  |  | OR                                                                                                               | List B                        | AND | List C                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------|-------------------------------|-----|---------------------------------------|
| Document Title 1                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                  |                               |     |                                       |
| Issuing Authority                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                  |                               |     |                                       |
| Document Number (if any)                                                                                                                                                                                                                                                                                                                |  |                                                                                                                  |                               |     |                                       |
| Expiration Date (if any)                                                                                                                                                                                                                                                                                                                |  |                                                                                                                  |                               |     |                                       |
| Document Title 2 (if any)                                                                                                                                                                                                                                                                                                               |  |                                                                                                                  | <b>Additional Information</b> |     |                                       |
| Issuing Authority                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                  |                               |     |                                       |
| Document Number (if any)                                                                                                                                                                                                                                                                                                                |  |                                                                                                                  |                               |     |                                       |
| Expiration Date (if any)                                                                                                                                                                                                                                                                                                                |  |                                                                                                                  |                               |     |                                       |
| Document Title 3 (if any)                                                                                                                                                                                                                                                                                                               |  |                                                                                                                  |                               |     |                                       |
| Issuing Authority                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                  |                               |     |                                       |
| Document Number (if any)                                                                                                                                                                                                                                                                                                                |  |                                                                                                                  |                               |     |                                       |
| Expiration Date (if any)                                                                                                                                                                                                                                                                                                                |  |                                                                                                                  |                               |     |                                       |
|                                                                                                                                                                                                                                                                                                                                         |  | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |                               |     |                                       |
| <b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States. |  |                                                                                                                  |                               |     | First Day of Employment (mm/dd/yyyy): |
| Last Name, First Name and Title of Employer or Authorized Representative                                                                                                                                                                                                                                                                |  | Signature of Employer or Authorized Representative                                                               |                               |     | Today's Date (mm/dd/yyyy)             |
| Employer's Business or Organization Name                                                                                                                                                                                                                                                                                                |  | Employer's Business or Organization Address, City or Town, State, ZIP Code                                       |                               |     |                                       |

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.



## SEXUAL HARASSMENT

It is the policy of the Ouachita Parish School Board to maintain a working and learning environment for its employees and students that provides for fair and equitable treatment, including freedom from sexual harassment. It is prohibited for any employee or student, male or female, to harass another employee or student by making unwelcomed sexual advances for sexual favors, engaging in other verbal and/or physical conduct of a sexual nature where:

- Submission to or rejection of such conduct is used as a basis for employment or academic decisions
- Such conduct creates an intimidating, hostile, or offensive working or learning environment.
- Submission to such conduct is made wither explicitly or implicitly a term of condition of the individual's employment or participation in school programs.

Any employee or student who believes that he/she has been subjected to sexual harassment should file a written complaint of the allege act immediately to the Principal or Immediate Supervisor. The Principal or Immediate Supervisor will then contact the Chief of Staff or Director of Child Welfare in the case of a students. If the complaint is against the Superintendent, it shall be filed with the School Board President.

The question of whether a particular action or incident is prohibited behavior requires a determination based on all the available facts in the matter, a written report shall be filed at the conclusion of any investigation of sexual harassment regardless of the investigation.

Any administrator, teacher, other employee, or student who is found after appropriate investigation to have engaged in sexual harassment of another employee or student will be subject to disciplinary action appropriate to the offense from a warning up t expulsion or discharge.

Any individual filling a sexual harassment complaint is assured that he/she will be free from any retaliation for such a complaint. Retaliators will be subject to discipline up to and including expulsion and discharge.

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**Signature**

---

**Printed Name**

---

**Date**

# Mandatory Trainings:

Trainings that must be completed by ALL EMPLOYEES: FULLTIME, SUBS OR CONTRACT. You have 30 days from the day you start working to have them completed. You can complete them at the school you are working at or you can call the media center and see if the computer lab is open.

## 1. Bully Awareness and Suicide Prevention

After you click the link you will enter your email address

Last Name

First Name

Click on "Not applicable (not permanently assigned to school)"

Click on Central Office for Location Assignment

Once you have taken the quiz your score will automatically be sent to the School Board.

## 2. Cybersecurity Awareness - Must be completed on an Ouachita Parish School computer.

**You can do that at a school you sub for at the school board office in the media center.**

Click Link and then click "Launch" and the training module will automatically start.

## 3. Ethics training

Click on the words at the bottom of the page highlighted in Orange that says "Louisiana Ethics Online Training Portal"

You will have to enter your email address as "Username"

You will need to make up a password. Very Important: *You must remember your password to complete the training every year. The training site doesn't keep a record of your password.*

## 4. Preventing Sexual Harassment - Must be completed on an Ouachita Parish School computer. You can do that at a school you sub for at the school board office in the media center.

To get to the trainings you will go to [opsb.net](http://opsb.net), employees, mandatory trainings.

Click on the link that is highlighted in a blue color that says Preventing Sexual Harassment Training.

You do not do the one that says supervisors on it.

Once you have completed these trainings turn the certificate or the completion page to Amanda Hammonds at [ahammonds@opsb.net](mailto:ahammonds@opsb.net)

Continue to the next page for more information and signature stating you understand you must take these trainings. You can keep this page but must turn in the next page with your completed hiring packet



### Employee Participation in 403(b) and 457 Investment Programs

As a Substitute or Contract Employee of the Ouachita Parish School Board substitute or contract employee that is not getting a retirement check monthly from TRSL, you are required to participate in the School Board's 457 investment programs. The School Board does not contribute to the 403(b) or 457 investment programs. The programs are funded totally by employee contributions. Employee contributions are deducted monthly from the employee's paycheck. Once you are hired full-time or quit you can contact payroll and request to pull your money out. This money cannot be rolled over into your full-time retirement, it can only be pulled out. If you pull this money out while you are subbing, you cannot sub for a year from the date of the withdrawal.

The next pages in this packet is the forms for the 457 Program, please only complete the seconds that are marked with an asterisk. You may keep pages 5-7 for your records.

I have read the above and understand I am required to pay into the Nationwide Retirement,

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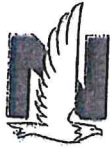
**Signature**

---

**Printed Name**

---

**Date**



Nationwide®

NACo Participation Agreement  
for 457(b) and 401(a) Plans

Page 1 of 7

Personal Information

457(b) Employer Name: OPSB 457(b) Employer ID: 618173

401(a) Employer Name: \_\_\_\_\_ 401(a) Employer ID: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Gender: ☐ Male ☐ Female

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Email: \_\_\_\_\_

How would you like to be contacted if additional information is required? ☐ Phone ☐ Email

Paperless Delivery Consent

By providing your email address you are consenting to electronic (paperless) delivery of documents related to your retirement plan, e.g. - statements, confirmations, terms, agreements, etc. If you would like to receive the above referenced documents in paper form via U.S. Mail you can do so by contacting Customer Service at 1-877-677-3678 and requesting paper. You may opt out of electronic delivery of your plan related documents at any time by logging in to your account at nrsforu.com as well. There is no additional cost to receive documents in paper format via U.S. Mail.

Contribution Summary & Payroll Frequency

457(b) Pre-Tax \$ \_\_\_\_\_ OR \_\_\_\_\_%\* \*Check with your employer on whether your plan offers deferrals in percentages, dollar amounts or both.

457(b) Roth\*\* \$ \_\_\_\_\_ OR \_\_\_\_\_%\* \*\*May not be offered by your plan. Roth contributions are made on an after-tax basis.

401(a) Pre-Tax\*\*\* \$ \_\_\_\_\_ OR \_\_\_\_\_%\* \*\*\*Employee Mandatory Contribution (401(a) only) is a one time election stated in the Plan Document. This election is irrevocable and must be made before the participant's first entry date.

Total \$ \_\_\_\_\_ OR \_\_\_\_\_%

Payroll Frequency: ☐ Weekly ☐ Bi-Weekly ☒ Monthly ☐ Semi-Monthly ☐ Other: \_\_\_\_\_

Start Contribution On (Pay Period): \_\_\_\_\_

Automatic Contribution Increase Election (optional)

NOTE: This election is voluntary and is only available if permitted by your plan.

☐ I elect to participate in an annual automatic contribution increase.

If selected, this increase will automatically occur annually as soon as administratively feasible for the date selected below. Increases can only occur for money source(s) (Pre-Tax and Roth) and mode(s) (\$ or %) that you are currently contributing. Please do not select a date of 02/29; if selected, Nationwide will process on 02/28.

457(b) Pre-Tax Increase \$ \_\_\_\_\_ OR \_\_\_\_\_%

457(b) Roth Increase \$ \_\_\_\_\_ OR \_\_\_\_\_%

Increase Contribution Annually on: \_\_\_\_\_ (MM/DD)

Additional information regarding the automatic contribution increase option can be found in the attached Memorandum of Understanding.

☐ I elect to stop my annual automatic contribution increase.



## Beneficiary Designation

☐ Check here if this is a change of beneficiary. (Beneficiaries listed below replace any prior designation)

NOTE: Percentage split must total 100% for each category of beneficiary. If you designate a single primary or contingent beneficiary and do not list a percentage, it will be designated as 100%.

If additional space for beneficiaries is required, attach additional sheets and mark this box: ☐

### Primary Beneficiary(ies) (must total 100%):

1. Full Name: \_\_\_\_\_ Allocation: \_\_\_\_\_ %  
 Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Full Name: \_\_\_\_\_ Allocation: \_\_\_\_\_ %  
 Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Full Name: \_\_\_\_\_ Allocation: \_\_\_\_\_ %  
 Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Full Name: \_\_\_\_\_ Allocation: \_\_\_\_\_ %  
 Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Contingent Beneficiary(ies) (must total 100%):

1. Full Name: \_\_\_\_\_ Allocation: \_\_\_\_\_ %  
 Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Full Name: \_\_\_\_\_ Allocation: \_\_\_\_\_ %  
 Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Full Name: \_\_\_\_\_ Allocation: \_\_\_\_\_ %  
 Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_
4. Full Name: \_\_\_\_\_ Allocation: \_\_\_\_\_ %  
 Relationship: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Funding Options

Please find below the standard investment lineup for NACo, your plan may or may not have adopted all investment options listed. To see your plan's current lineup and performance, please refer to the fund performance page at [nrsforu.com](http://nrsforu.com) or call us at 1-877-677-3678.

### Asset Allocation - NCIT Index Funds

- \_\_\_\_% NCIT Index 2025 Fund (Class B)
- \_\_\_\_% NCIT Index 2030 Fund (Class B)
- \_\_\_\_% NCIT Index 2035 Fund (Class B)
- \_\_\_\_% NCIT Index 2040 Fund (Class B)
- \_\_\_\_% NCIT Index 2045 Fund (Class B)
- \_\_\_\_% NCIT Index 2050 Fund (Class B)
- \_\_\_\_% NCIT Index 2055 Fund (Class B)
- \_\_\_\_% NCIT Index 2060 Fund (Class B)
- \_\_\_\_% NCIT Index 2065 Fund (Class B)
- \_\_\_\_% NCIT Index Retirement Fund (Class B)

### Asset Allocation - Income America 5ForLife Funds

- \_\_\_\_% Income America 2025 Fund - 5ForLife
- \_\_\_\_% Income America 2030 Fund - 5ForLife
- \_\_\_\_% Income America 2035 Fund - 5ForLife
- \_\_\_\_% Income America 2040 Fund - 5ForLife
- \_\_\_\_% Income America In Retirement Fund Fee (Class 5ForLife)
- \_\_\_\_% Income America Balanced Fund Fee (Class 5ForLife N)

### Manage for me

- \_\_\_\_% ManageForMe Conservative Fund (SVC Class)
- \_\_\_\_% ManageForMe Moderately Conservative Fund (SVC Class)
- \_\_\_\_% ManageForMe Moderate Fund (SVC Class)
- \_\_\_\_% ManageForMe Moderately Aggressive Fund (SVC Class)
- \_\_\_\_% ManageForMe Aggressive Fund (SVC Class)

### Large Cap

- \_\_\_\_% Edgar Lomax Value Fund
- \_\_\_\_% Fidelity Contrafund
- \_\_\_\_% Fidelity® OTC
- \_\_\_\_% Nationwide GQG US Quality Equity Fund (Class A)
- \_\_\_\_% Nationwide Fund (Institutional Service Class)
- \_\_\_\_% Nationwide Large Cap Growth Portfolio
- \_\_\_\_% Nationwide S&P 500 Index Fund (Institutional Service Class)
- \_\_\_\_% NCIT AB Large Cap Growth Fund (Class B)
- \_\_\_\_% NCIT American Century Equity Income Fund (Class B)
- \_\_\_\_% NCIT ClearBridge Large Cap Value Fund (Class B)
- \_\_\_\_% Parnassus Core Equity (Investor Class)
- \_\_\_\_% SEI S&P 500 Index Fund (Class F)

### Mid Cap

- \_\_\_\_% Nationwide Mid Cap Market Index Fund (Class A)
- \_\_\_\_% NCIT Allspring Discovery Fund (Class B)
- \_\_\_\_% NCIT MFS Mid Cap Value Fund (Class B)

### Small Cap

- \_\_\_\_% Nationwide Small Cap Index Fund (Class A)
- \_\_\_\_% Nationwide Small Company Growth Fund (Institutional Service Class)
- \_\_\_\_% Nationwide Variable Insurance Trust: Multi-Manager Small Company Fund (Class I)
- \_\_\_\_% NCIT American Century Small Cap Income Fund (Class B)
- \_\_\_\_% Neuberger Berman Genesis Fund (Trust Class)

### Balanced

- \_\_\_\_% Fidelity Puritan Fund

### International

- \_\_\_\_% American Funds New World (R4)
- \_\_\_\_% Nationwide Global Sustainable Equity Fund (Institutional Service Class)
- \_\_\_\_% Nationwide International Index Fund (Class A)
- \_\_\_\_% NCIT Janus Henderson Overseas Fund (Class B)

### Specialty

- \_\_\_\_% Cohen & Steers Real Estate Securities Fund, Inc (Class A)

### Bonds

- \_\_\_\_% Loomis Sayles Limited Term Government and Agency (Class Y)
- \_\_\_\_% Lord Abbett High Yield Fund (Class R5)
- \_\_\_\_% Nationwide Amundi Strategic Income Fund (Class A)
- \_\_\_\_% Nationwide Bond Index Fund (Class A)
- \_\_\_\_% Nationwide Loomis Core Bond Fund (Institutional Service Class)
- \_\_\_\_% PIMCO International Bond Fund (US Dollar-Hedged) (Class A)

### Fixed/Cash

- \_\_\_\_% Invesco Short Term Investment Trust Treasury Portfolio (Institutional Class)
- \_\_\_\_% Nationwide Fixed Account
- \_\_\_\_% Nationwide Government Money Market Fund (Investor Shares)

100 % Total for both columns must equal 100%

## \* Authorization

- ☐ Please send me a copy of the Informational Brochure/Prospectus(es).
- ☐ Please contact me regarding transferring my other pre-tax retirement plans.
- ☐ Please send me forms regarding the Catch-Up Provision.

I authorize my Employer to make the contribution(s) to the Plan in the amounts I have designated above. The contribution(s) will continue until otherwise authorized in accordance with the Plan. The withholding of my contribution(s) amount by my Employer and its payment to the designated investment option(s) will be reflected as early as administratively practicable following the execution of this application by the Public Sector Service Center in conjunction with the set-up time required by my payroll center; however, new deferrals and changes to my deferral amount cannot be effective until the first payroll of the next month after such election is made. The contribution(s) is to be allocated to the funding options in the percentages indicated above. I understand some investment options may impose a short-term trading fee. I understand I should read the fund prospectuses carefully.

I have read and understand the terms contained in this form, including the attached Memorandum of Understanding, which is incorporated herein.

I accept these terms and understand that these terms do not cover all the details of the Plan or products.

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

Retirement Specialist Name (Print): Megan Wyatt Agent #: \_\_\_\_\_

## Things To Remember

- ☐ Complete all of the sections on the Participation Agreement that apply to your request.
- ☐ Remember to have the allocation of your funding options total 100%, in whole percentages, when completing the Funding Options section. If allocations do not total 100%, the remaining amounts will be considered to be not in good order, and you agree the unallocated portion will be allocated to the plan's default investment option.
- ☐ For your beneficiary designation, the percentage split must total 100% for each category of beneficiary.
- ☐ Complete the Authorization section, and remember to sign and date this Participation Agreement.
- ☐ Enclose the completed Participation Agreement, and any other documentation in the business reply envelope included with this booklet.
- ☐ Your Plan may permit you based on eligibility to contribute additional funds as a "catch-up" contribution during the last three years preceding the normal retirement age under the Plan. If you would like to receive paperwork to take advantage of the catch-up provision, please check the appropriate box in the authorization section on page four.
- ☐ Your employer will specify the amount of 414(h) Pickup contributions (401(a) only). Generally, these contributions are expressed as a percentage of pay. If an amount is specified, all eligible employees are required, as a condition of employment to make this contribution.

## Form Return

Mail: Nationwide Retirement Solutions  
PO Box 182797  
Columbus, OH 43218-2797

Email: [rpublic@nationwide.com](mailto:rpublic@nationwide.com)

Fax: 877-677-4329

Please note that the information provided on this Participation Agreement will supercede any prior information provided, such as allocations, contribution amounts, contribution types (except Mandatory Employee Contribution) and/or beneficiary information.



The purpose of the Memorandum of Understanding is to make you aware of some of the highlights, restrictions and costs of your Plan. It is not intended to cover all the details of the Plan and should not be relied upon in making decisions about Plan benefits. You should refer to the Plan Document for specific details about the Plan's provisions and the prospectuses and other documentation for the Plan's underlying investment options.

**457(b) PLANS**

1. The total annual contribution amount to all 457(b) plans is the lesser of the maximum annual 457(b) contribution limit or 100% of the participant's includible compensation. This amount may be adjusted annually. More information on the maximum contribution limits can be found at [irs.gov](https://www.irs.gov). Under certain circumstances, additional amounts above the limit may be contributed to the Plan if (1) the participant attains age 50 or older during the current calendar year, or (2) the participant is within three years of the Plan's Normal Retirement Age and did not contribute the maximum amount to the 457(b) Plan in prior years. The Plan Document provides additional details about contribution limits. Contributions in excess of maximum amounts are not permitted and will be reported as taxable income when refunded. It is the participant's responsibility to ensure contributions to all 457(b) plans in which the participant participates, regardless of employer, do not exceed the annual limit.
2. Enrollment or contribution changes will be made according to your plan document provisions, following receipt of the participant's request. The employer's processing schedule will determine the actual effective date of the contribution. It is the Plan Sponsor's/Pay Center's responsibility to ensure deferrals do not commence too early.
3. If the Plan permits designated Roth contributions, these contributions are made on an after-tax basis, which means they will not be subject to income taxes when distributed at a later time. As opposed to the withdrawal of earnings on pre-tax contributions, though, the earnings on designated Roth contributions are generally not subject to future taxes as long as the distribution from the Roth account satisfies the requirements to be a "qualified distribution." In order to be a qualified distribution, the distribution must be made five or more years after January 1 of the first year the participant made Roth contributions to the Plan and must be made on or after the attainment of age 59½, the participant's death, or the participant's disability. If the participant previously established another designated Roth account in another plan and is able to roll the funds from this Plan to the other plan, the five-year period would begin to run from January 1 of the year of the first contribution to a designated Roth account. A non-qualified Roth distribution may result in an additional 10% early withdrawal tax on the portion of the distribution includible in gross income if made from rollovers to this Plan from a qualified plan or a 403(b) plan, and no statutory exceptions apply. Please note that once made, contributions and/or rollovers to a Roth account may not be reversed. In the event the participant desires to make contribution changes, only future contributions and/or rollovers can be redirected (contributed as pre-tax funds).
4. The Plan Document governs when distributions may be made from the Plan. In general, distributions may be made from a 457(b) plan only upon separation from service, upon attainment of age 70½ or lower if elected by your Plan Sponsor, or upon the death of the participant. Section 457(b) plans can also permit withdrawals from the Plan (even if the participant is still employed) in cases of an unforeseeable emergency approved by the Plan; when taking a loan, or for a one-time in-service withdrawal if the participant's account value is \$5,000 or less and the participant has not contributed to the Plan for two or more years. All withdrawals of funds must be in compliance with the Internal Revenue Code (the "Code") and any applicable regulations as well as the Plan Document, which the participant should consult to confirm which distribution opportunities are available.
5. Contributions, in the form of salary reductions, will be made until I notify NRS or my Plan Sponsor otherwise. Once notification is received, salary reductions will be changed as soon as administratively feasible. NRS will invest contributions received from the Plan Sponsor as soon as administratively feasible.

**401(a) PLANS**

1. The annual defined contribution plan limit to all 401(a) plans is the lesser of the IRS maximum 415 limit, or 100% of my eligible compensation. This amount may be adjusted annually. More information on the maximum contribution limits can be found at [irs.gov](https://www.irs.gov). Current or future participation in additional retirement plans, such as 403(b) and/or 401(a) plans, may affect the maximum annual contribution limit under this 401(a) plan.
2. The Plan Document governs when distributions may be made from the Plan. In general, distributions may be made only upon separation from service or upon the death of the participant. Some plans may also permit distribution upon reaching normal retirement age as defined in the Plan Document, upon a financial hardship approved by the Plan, upon disability or when taking a loan. All withdrawals of funds must be in compliance with the Code and any applicable regulations as well as the Plan Document, which the participant should consult to confirm which distribution opportunities are available. An additional early withdrawal tax of 10% may apply in some circumstances. It is strongly recommended that the participant consult with his/her tax advisor prior to requesting a distribution.
3. 414(h) Mandatory Employee Contributions - Your employer will specify the amount of these contributions if they are required by the Plan. Generally, these contributions are expressed as a percentage of pay. If an amount is specified, all eligible employees are required, as a condition of employment, to make this contribution to the Plan. These contributions will not be included in your taxable gross income; however, they do come out of your paycheck. The tax on these contributions will be deferred until benefits are distributed. Other plans may permit the participant to make a one time irrevocable election to contribute a percentage of compensation to the Plan prior to his/her Plan entry that cannot be modified later. The participant should consult the Plan Document for specific contribution provisions.

**ALL PLANS**

1. Participation in any of the employer's plans is governed by the terms and conditions of the Plan Document which should be consulted for plan details. Fund prospectuses are available upon request at [nrsforu.com](https://nrsforu.com) or by calling 877-677-3678.
2. Generally, you must begin taking distributions from the Plan no later than April 1 following the year you reach age 73. If you continue to work for this employer beyond age 73, (75 for an individual who attains age 74 after December 31, 2032), generally, your distributions must begin no later than April 1 following the year you separate from service or retire. Please consult the Plan Document for additional information. All distributions are taxable as ordinary income and subject to income tax in the year received. You must take distributions in a manner that satisfies the minimum distribution requirements of Section 401(a)(9) of the Code, which currently requires benefits to be paid at least annually over a period not to extend beyond your life expectancy. Failure to meet minimum distribution requirements may result in the payment of a 25% federal excise tax.
3. Any beneficiary designation I made on this form will supersede any prior beneficiary designation and shall become effective on the date accepted by the Plan, provided that this designation is accepted by the Plan prior to my death. Further, any benefits payable at my death shall be paid in substantially equal shares to my beneficiaries unless I specify otherwise. My death benefits will be paid first to my Primary Beneficiaries. If any of my Primary Beneficiaries predecease me, then my death benefits will be paid to the remaining Primary Beneficiaries. Contingent Beneficiaries will only receive benefits if no Primary Beneficiary survives me. If no beneficiary designation is on file, benefits will be paid as set forth in the Plan Document. If I participate in both a 457(b) plan and a 401(a) plan administered by NRS, I understand my beneficiary designations made on this form will apply to both plans unless I have indicated otherwise.
4. Disclaimer for Community and Marital Property States: If the participant resides in a community or marital property state, the participant's spouse may have a property interest in the participant's Plan account and the right to dispose of the interest by will. Therefore, NRS disclaims any warranty as to the effectiveness of the participant's beneficiary designation or as to the ownership of the account after the death of the participant's spouse. For additional information, please consult your legal advisor to learn more about how your beneficiary designation may be affected by community or marital property state law.
5. Participants must notify NRS of any address changes, beneficiary changes, contribution changes, allocation changes or errors on the participant's account statement.

6. Participants will receive a statement of their account quarterly.
7. All Plan transactions initiated using the telephone will be recorded for the participant's protection.

#### INVESTMENT OPTIONS

1. Participant contributions will be invested pursuant to the participant's selection of funding options specified on the Participation Agreement.
2. NRS will permit participants and beneficiaries to exchange amounts among the Variable and Fixed investment options as frequently as permitted by the Plan, subject to the limits and rules set by each Fund and the Annuity Contracts. Changes may be made by calling 877-677-3678 or by logging on to nrsforu.com. Investment options may be periodically changed or restricted, and may vary by the source of the money invested.
3. Transfers between investment options are provided for under the Plan subject to limitations or restrictions (including redemption fees), if any, as imposed by the investment providers. Some mutual funds may also impose a short term trading fee. I understand that any information regarding limitations or restrictions as they apply to the Plan may be obtained from the Plan Administrator. Participants should read the underlying mutual fund prospectuses carefully.
4. The Net Asset Value of a mutual fund changes on a daily basis and there is no guarantee of principal or investment return.
5. If the participant selects an investment option that is closed or unavailable, the money will be invested in the plan's default investment option. If participants elect a total investment allocation percentage that is less than 100%, the unallocated difference will be invested in the plan's default option. If the participant elects a total investment allocation percentage greater than 100%, the deferral election will be rejected and the participant's investment option selections will not be processed.
6. The Plan may impose a Plan administration fee or investment management fees. Fees can vary depending on the mutual funds in which the participant invests. For more information regarding fees, please call 877-677-3678.

#### NATIONWIDE LIFE FIXED ACCOUNT

1. A guaranteed interest rate is declared quarterly and credited daily, which is not lower than the minimum annual rate.
2. Nationwide may earn a spread on assets held in the Nationwide Fixed Account, which is reflected in the crediting rate. The spread represents the difference between what Nationwide earns on investments and what it credits to the Fixed Account as interest.
3. Exchanges or transfers may be made based upon one of the following options as chosen by your employer:
  - a. Exchanges and/or transfers of money from the Fixed Account may be made no more than twice a year and may not exceed 20% of the participant's Fixed Account value. Once the 20% limit has been reached, no further exchanges/transfers will be permitted out of the participant's Fixed Account during the remainder of the calendar year. If the Fixed Account value is less than or equal to \$1,000, the participant can exchange/transfer up to the entire account value. Each exchange/transfer will count toward the limitation of two exchanges/transfers out of the Fixed Account per year. Additionally, a five-year Exchange/Transfer election allows for the systematic movement of 100% of the participant's account value out of the Fixed Account on a monthly basis over a five-year period. If elected, the participant cannot defer, exchange, or transfer into his/her Fixed Account during the five-year term without canceling this election.
  - OR-
  - b. Exchanges and/or transfers from the Fixed Annuity may be made up to 100% of the participant's account value. The total of all participant exchanges and/or transfers cannot exceed 12% of the total amount held in the Deposit Fund for the employer under the Fixed Account as of December 31 of the previous calendar year. Once this aggregate limit is met, no further exchanges or transfer into any participant's Fixed Account will be permitted.

Exchange: An exchange is the movement of money between the Nationwide Life Fixed Account and Variable Annuity options and/or between funds in the Variable Annuity option.

Transfer: A transfer is the movement of money between product providers within the same plan.

#### NATIONWIDE LIFE VARIABLE ANNUITY CONTRACT

1. I understand that a Variable Account Charge is deducted daily from the Variable Account. The Variable Account Charge is deducted daily in an amount not to exceed the following schedule:

| Plan Assets                 | Variable Account Charge |
|-----------------------------|-------------------------|
| 0 - \$10 million .....      | 0.95%                   |
| \$10 - \$25 million .....   | 0.90%                   |
| \$25 - \$50 million .....   | 0.80%                   |
| \$50 - \$100 million .....  | 0.65%                   |
| \$100 - \$150 million ..... | 0.50%                   |
| \$150 million .....         | 0.40%                   |

2. I understand that retirement income payments and termination values (if any), provided by the contract are variable when based on the investment experience of a separate account and are not guaranteed as to the dollar amount.

#### INCOME AMERICA 5FORLIFE™

Income America 5ForLife is a series of investment portfolios, including target date funds, that provide guaranteed lifetime income. The income guarantee is based on the income base at age 65, which is set to the greater of the highest annual locked-in market value\* or the contributions (as adjusted for withdrawals) to date. The market value of the account is never guaranteed and fluctuates based on investment performance. While withdrawals from the market value of the account can be made at any time without any fees or penalties, doing so will reduce the income guarantee proportionally. The income base is never available for withdrawal but is only used for calculating income. You will be able to elect to receive income any time after age 65. If you elect the joint option, your payout will be lower than 5%, and is dependent on your age and your spouse's age. If you withdraw more than the guaranteed annual income in any year, your income base and future guaranteed annual income payments will decrease. However, if your required minimum distribution exceeds your guaranteed income amount, your income base will not be affected, and your payments will not be lowered. When you turn age 65 and at the time you elect to receive income, you must be invested in the 5ForLife In Retirement portfolio. Investment exchanges will be implemented automatically from any other 5ForLife portfolio to the 5ForLife In Retirement portfolio, except please insert the appropriate names for the MAS and BALANCED funds. If you make investment exchanges out of any 5ForLife portfolio into a non-5ForLife portfolio, you may not make an investment exchange back into any 5ForLife portfolio within 90 calendar days. Guarantees are subject to the claims-paying ability of the issuing companies. \*The highest Income America account value recorded on the participant's birthday.

#### AUTO INCREASE

I understand that the participant elected automatic contribution increase option is only available if offered by the Plan and, if offered, will not take place until I elect this option. By selecting the participant elected automatic contribution increase option, my payroll contributions will automatically increase annually for the money source(s), the date and by the dollar or percentage amount selected. I may stop the participant elected automatic contribution increase at any time by calling 877-677-3678 completing a new Participation Agreement, or accessing nrsforu.com. Increase requests that do not match the current source and mode as I am currently contributing will not be processed. A selected date of 02/29 will be changed to 02/28.

#### MUTUAL FUND SERVICE FEE PAYMENT DISCLOSURE

Nationwide Retirement Solutions, Inc. and its affiliates (Nationwide) offer a variety of investment options to public sector retirement plans through variable annuity contracts and trust or custodial accounts. Nationwide may receive service fee payments from mutual funds or their affiliates in connection with the processing of transactions and distribution of those investment options. For more detail about the service fee payments Nationwide may receive, please visit nrsforu.com.

**ENDORSEMENT DISCLOSURE**

Nationwide Retirement Solutions, Inc. and Nationwide Life Insurance Company have endorsement relationships with the National Association of Counties. More information about the endorsement relationships may be found online at [nrsforu.com](http://nrsforu.com).

**CONSENT TO ELECTRONIC PAPERLESS DELIVERY AND ACCESS**

By providing your email address here, you are agreeing and consenting to receive and view plan benefit statements, correspondence and confirmations, and other communications electronically. These materials will be provided through an email message notifying you that electronic documents are available online for you to view and print. This replaces all written communication associated with your Retirement Plan(s) serviced by Nationwide and you will no longer receive these documents via U.S. Mail. By providing your consent to electronic delivery, you are acknowledging and confirming that you are consenting to receive Plan Communications electronically, as they are now available or as they may be required or become available in the future and that you have access to view and print your documents electronically from the website and to save them from your computer or other electronic device. If you would like to receive the above referenced documents in paper form via U.S. Mail you can do so by contacting Customer Service at 877-677-3678 and requesting paper. You may opt out of electronic delivery of your plan related documents at any time. There is no additional cost to receive documents in paper format via U.S. Mail.

**CHANGING YOUR EMAIL ADDRESS AND YOUR PAPERLESS DELIVERY PREFERENCES**

You are able to update your email address or change your Paperless Preferences anytime either on the website or via Customer Service.

**YOUR RIGHT TO REVOKE CONSENT**

You have the right to revoke your consent to receive documents electronically. Your consent shall be effective until you revoke it by changing your delivery preferences via Customer Service or on the website by selecting U.S. Mail delivery.

**STATE OF LOUISIANA**  
**DEPARTMENT OF CHILDREN AND FAMILY SERVICES**  
**CHILD ABUSE AND NEGLECT REQUEST AND CONSENT FORM B**

This form must be completed by any person who is requesting a Child Abuse and Neglect Clearance, and signed by the applicant. This form must be signed by the requestor, who will receive the results of the child abuse and neglect clearance. Completing the optional identifying information fields on the form will assist in conducting an accurate search.

This consent form shall be used for Licensed Out of State Child Care Facilities; Louisiana DCFS Licensed Facilities; Louisiana Department of Health Licensed Therapeutic Group Homes; Out of State Licensed Residential Facilities that house foster children or meet the federal definition of a child care institution; In State Licensed Office of Juvenile Justice Detention Center employees; In State School Administrators, Teachers, or Other School Employees; and Owners, Operators, or participants in the governance of an In State DCFS Licensed residential facility.

Note: Licensed Early Learning Centers located on school campuses must utilize the background clearance process through LDOE

**I. Employer's Identifying Information:**

|                                                                                                   |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |
|---------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| *Name of Employer, Agency, or Facility (Print or Type)<br><br><b>Ouachita Parish School Board</b> |                                  | *Entity Type<br><input type="radio"/> Out of State Child Care Facilities<br><input type="radio"/> Louisiana DCFS Licensed Facilities<br><input type="radio"/> Louisiana Department of Health Licensed Therapeutic Group Homes<br><input type="radio"/> Out of State Licensed Residential Facilities that house foster children or meet the federal definition of a child care institution<br><input type="radio"/> In State Licensed Office of Juvenile Justice Detention Center employees<br><input checked="" type="radio"/> In State School Administrators, Teachers, or Other School Employees<br><input type="radio"/> Owners, Operators, or participants in the governance of an In State DCFS Licensed residential facility |                                         |
| *Physical Address<br>1600 North 7 <sup>th</sup> Street                                            | *City<br>West Monroe             | *State<br>LA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | *Zip<br>71291                           |
| *Mailing Address<br>1600 North 7 <sup>th</sup> Street                                             | *City<br>West Monroe             | *State<br>LA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | *Zip<br>71291                           |
| *Work Phone # (one main contact number is mandatory)<br>(318)432-5206                             | *Home Phone #                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | *Alternate Phone #<br><br>(318)432-5206 |
| Provider # (If Applicable)                                                                        | Agency License # (If applicable) | EIN # (If Applicable)<br>FEIN 726001066                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |

## II. Applicant's Information:

|                                                                                                                                                                                                                                                                                   |                            |                         |                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|---------------------------|
| *Last Name                                                                                                                                                                                                                                                                        | *First Name                | *Middle Name            |                           |
| *Aliases, Maiden Name, Previous Married Name(s):                                                                                                                                                                                                                                  |                            |                         |                           |
| *Date of Birth:                                                                                                                                                                                                                                                                   | *Place of Birth (city)     | *Place of Birth (state) | *Social Security #        |
| *Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African-American<br><input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian<br><input type="checkbox"/> Native Hawaiian/other Pacific Islander <input type="checkbox"/> Other | *(Circle)                  | Male                    | Female                    |
| *Home Phone # (one main contact number is mandatory)                                                                                                                                                                                                                              | *Cell Phone                | *Work Phone #           | *Alternate Phone #        |
| *Current Physical Address                                                                                                                                                                                                                                                         | *City                      | *State                  | *Zip                      |
| *Mailing Address                                                                                                                                                                                                                                                                  | *City                      | *State                  | *Zip                      |
| *Email Address:                                                                                                                                                                                                                                                                   |                            |                         |                           |
| *Identification Type<br><input type="checkbox"/> State Issued Driving License<br><input type="checkbox"/> State Issued Identification                                                                                                                                             | *Identification (ID) #     | *State Issued By        | *ID Expiration Date       |
| *Marital Status                                                                                                                                                                                                                                                                   | Spouse (name) (if married) |                         | Spouse (DOB) (if married) |
| Previous Spouse (name)                                                                                                                                                                                                                                                            | Previous Spouse (DOB)      |                         |                           |
| Previous Spouse (name)                                                                                                                                                                                                                                                            | Previous Spouse (DOB)      |                         |                           |

### **\*List previous addresses for the past 5 years:**

|                   |       |        |      |                                  |
|-------------------|-------|--------|------|----------------------------------|
| *Physical Address | *City | *State | *Zip | *From MM__ YR__<br>*To MM__ YR__ |
| Physical Address  | City  | State  | Zip  | From MM__ YR__<br>To MM__ YR__   |
| Physical Address  | City  | State  | Zip  | From MM__ YR__<br>To MM__ YR__   |
| Physical Address  | City  | State  | Zip  | From MM__ YR__<br>To MM__ YR__   |
| Physical Address  | City  | State  | Zip  | From MM__ YR__<br>To MM__ YR__   |

**List children that the applicant has been responsible for: (\*This information will only be used to confirm the accuracy of applicant's agency history)**

| First Name | Last Name | Date of Birth | Gender | Race |
|------------|-----------|---------------|--------|------|
|            |           |               |        |      |
|            |           |               |        |      |
|            |           |               |        |      |
|            |           |               |        |      |
|            |           |               |        |      |

### III. Applicant's Consent

The information given is true and complete to the best of my knowledge. I understand that in signing this form I give permission for DCFS to conduct a clearance of the State Central Registry which contains information with regards to reports of certain valid/substantiated cases of child abuse and neglect, and release the results to the requestor noted above and licensing agency. Furthermore, this consent shall terminate a year from the date of my signature below. I also understand that I may be contacted by DCFS for additional information needed to finalize the clearance. I understand that the information I provide about myself shall be used solely for the purpose of conducting the State Central Registry check. I consent for DCFS to conduct a clearance of the state central registry and release all valid/ substantiated information to the requestor below for a determination to be made.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### IV. Requestors Agreement

I acknowledge that any information received from the Department of Children and Family Services regarding the individual's inclusion in the State Central Registry is confidential and that this information cannot be shared with anyone unless otherwise allowed by State or Federal Laws/Regulations. All applicable federal and state laws and regulations shall apply including but not limited to Louisiana Revised Statute 46:56, which includes criminal penalties for the sharing of confidential information. I hereby certify that I am requesting a check of the State Central Registry, with the written consent of the individual. I understand that the State Central Registry clearance results for school employees, along with owners, operators and participants in the governance of an In-State DCFS Licensed residential facility only include investigations that began on or after 8/1/18.

Printed Name of Requestor: \_\_\_\_\_

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

If this clearance is being submitted for employment purposes, by a Licensed Out of State Child Care Facility, Louisiana DCFS Licensed Facility, Louisiana DCFS Licensed Therapeutic Group Homes, Out of State Licensed Residential Facilities that house foster children or meet the federal definition of a child care institution and In State Licensed Office of Juvenile

Justice Detention Center employees the employee's state issued driving license or state issued identification, along with a \$25.00 payment for the clearance must be submitted, in order for the clearance to be processed. For other clearance types a \$25.00 payment will not be charged, however the employee's state issued driving license or state issued identification, must be submitted.

Example of  
how pay works.  
our cut off day is  
a month before  
pay day.



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2026-2027

Paydays and Cut-Off Dates

Cut-Off

Payday

Monday, June 29, 2026

Thursday, July 23, 2026

Wednesday, July 22, 2026

Wednesday, August 26, 2026

Wednesday, August 19, 2026

Thursday, September 24, 2026

Wednesday, September 16, 2026

Monday, October 26, 2026 - will be paid on this day

Wednesday, October 21, 2026

Thursday, November 19, 2026

Wednesday, November 18, 2026

Thursday, December 17, 2026

Wednesday, December 16, 2026

Tuesday, January 26, 2027

Wednesday, January 20, 2027

Thursday, February 25, 2027

Wednesday, February 17, 2027

Thursday, March 25, 2027

Wednesday, March 17, 2027

Monday, April 26, 2027

Wednesday, April 21, 2027

Friday, May 21, 2027

Wednesday, May 19, 2027

Thursday, June 24, 2027