Butler Area School District 403(b) Plan
Universal Availability Notice

To: All Employees of Butler Area School District

In compliance with the requirements of IRC §403(b)(12(A)(ii) this Notice will advise you of the voluntary 403(b) program established and maintained for the benefit of our employees. The following information provides details of the Plan and outlines the procedures for enrollment.

Eligibility

All employees who are employed by the Employer are eligible to participate in the plan.

SECURE 2.0

Any Catch-up contributions of High Earners (Employees who earned more than $150,000 (indexed) in FICA wages from their employer in 2025) must be made on a Roth basis, starting in 2026.

Contributions

When you enroll in the program, the amounts you designate as salary deferrals are withheld from your wages and forwarded to an investment provider of your choice. To see the latest contribution limits, access the Dashboard of the PenServ participant plan portal and choose the Quicklink titled Contribution Limits. Several types of contributions are available in your Plan:

Pre-Tax Salary Deferrals. These are amounts contributed into a 403(b) plan that are deferred from your paycheck before federal income taxes are applied. State income taxes may or may not be applicable.

Roth Salary Deferrals. These amounts are also deferred from your paycheck, but are subject to federal and state income taxes. When you withdraw monies, however, the funds may be excluded from taxation. Special rules apply to Roth contributions and you should contact your tax advisor before electing this option.

Rollovers. You may be able to rollover funds you received as an eligible rollover distribution from another employer's plan. Before you can complete a rollover into this Plan, you must first receive an acceptance authorization before the monies can be applied to your account.

Employer Contributions. The Plan also allows your Employer to make contributions to the Plan on your behalf.

Limitation on Aggregate Annual Additions Notice

Your Elective Deferrals may not exceed contribution limits as determined by Applicable Law. There may be excess contributions to your 403(b) if you own more than 50% ("control") of another business and maintain a retirement plan for that business. In such event, the maximum contribution to all plans you control and your 403(b) accounts or annuities may not exceed IRC Section 415 limits for the year, plus the age 50 catch-up limit, if applicable. Your Employer is responsible for knowing you may control another business. You must notify your Employer that you have control of another business to ensure you have not exceeded this limit. If there is an excess between multiple plans, the excess must be removed from the 403(b).

Plan Investment Options

Your contributions to the 403(b) Plan must be made to an approved investment provider.

NOTE: Before enrolling in the Plan, you MUST first establish an account with one of the Providers listed in this Notice. If a valid contract or account number has not been received by PenServ prior to receipt of a salary deferral, the contribution will be returned to your Employer.

Once an investment contract is executed, a Salary Reduction Agreement that includes the Contract Number should be completed and submitted to your benefits representative or PenServ Plan Services, Inc., as instructed in your 403(b) Enrollment Guide.

Assistance

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You may join the Plan or receive assistance by first contacting your Employer's Benefit Representative, the Plan's Third Party Administrator or one of the Investment Companies listed below. Additional information on Plan options is available by contacting PenServ Plan Services, Inc. at (800) 849-4001 or from the Plan's web site.

Investment Provider Options

Provider and Product Name	Product Type	Contact
Equitable	Annuities	Adam Mascio, Equitable Phone (412) 593-6832 adam.mascio@equitable.com Christian Melendez-Carpintero, Equitable Phone (412) 503-7523 cmelendez@equitable.com James Piersol, Equitable Phone (814) 846-7296 james.piersol@equitable.com Phone (800) 628-6673 https://www.equitable.com
Fiduciary Trust Company of New Hampshire	Mutual Funds	Christopher Mickey Phone (724)317-5688 chris.mickey@lpl.com Jeff Mendola Phone (724) 208-8981 jeffrey.mendola@lpl.com
Horace Mann Insurance Co.	Annuities	George C. Pry Phone (724) 256-5550 or (814) 375-5555 george.pry@horacemann.com Phone (800) 999-1030 https://www.horacemann.com
Horace Mann's Retirement Advantage	Mutual Funds	George C. Pry Phone (724) 256-5550 or (814) 375-5555 george.pry@horacemann.com Phone (844) 895-0980 https://www.horacemann.com/retirementadvantage

Invesco Investment Services, Inc	Mutual Funds	R. Wilde Paule, CRPC - LPL Financial Keystone Wealth Management Phone- 724-367-7987 Wilde.paule@lpl.com Phone (800) 959-4246 www.invesco.com
Kades-Margolis	Mutual Funds	Tyler Funk, GWN Securities, Inc 724-934-1770 direct 724-315-3100 fax tfunk@4kmc.com Phone (800) 433-1828 ext. 4 http://www.4kmc.com
Lincoln Investment Planning	Mutual Funds	Jerald Wozniak Phone (412) 231-7960 jwozniak@lincolninvestment.com
MetLife	Annuities / Mutual Funds	Phone (800) 638-5433 http://www.metlife.com
MG Trust - PenServ Plan Services – American Funds	Mutual Funds	Jay Shaffer Phone: (724) 285-9700 jay.shaffer@ceterawealth.com American Funds General Enrollment Phone (800) 849-4001 www.penserv.com
New York Life	Annuities	Phone (800) 695-4785 https://www.newyorklife.com/ Mark Bicker Phone (724) 285-7060 mbicker@ft.newyorklife.com
ReliaStar Life Insurance Company	Annuities	Phone (800) 584-6001 http://www.voyaretirementplans.com
Security Benefit	Annuities	Phone (800) 888-2461 https://www.securitybenefit.com

Vanguard Investments	Mutual Funds	Phone (800) 569-4903 https://my.vanguardplan.com/application

Third Party Administrator
PenServ Plan Services, Inc.
Plan Record-keeper
Phone (800) 849-4001
www.penserv.com
Email: 403badministration@penserv.com

Plan Web Site is available at:
www.penserv.com
Select: Login to Your Account

Employer Benefits Administrator
Butler Area School District
Annie Mersing
Phone (724) 214-3113
Email: annie.mersing@basdk12.org

PENSERV PLAN SERVICES

Butler Area School District 403(b) Plan

Salary Deferral and Investment Election Agreement

Participant Name	Social Security No.

Address

City	State	Zip

Date of Birth	Date of Employment	Email Address

Evening Phone	Day Phone

Position Title		
	☐ Married ☐ Unmarried	☐ Full Time ☐ Part Time

PARTICIPATION ELECTIONS

Salary Deferral Elections	☐	I hereby apply for Participation in the above-named 403(b) Plan and direct my employer to withhold through payroll reduction the following amounts from each pay. I understand this election will be applied to future contributions only and will remain in effect until I direct new elections through the Plan's Internet or Voice Response System. NOTE: I understand that if I am 50 years of age or will reach the age of 50 during this calendar year any contribution deferrals in excess of the traditional salary will be applied to the Age 50 Catch-up option.
Election to Defer Participation	☐	I do not want to participate in the Plan at this time. I understand that I may change this election by completing a new Enrollment Form prior to the next Plan Entry Date.
Election to Revoke Participation	☐	Please discontinue my Salary Deferral Contributions to the Plan. I understand that I will be able to resume participation by completing a new Enrollment Form prior to the next Plan Entry Date.

I direct my new money to be invested in the funds selected below. I understand these investment directions will remain in effect until I direct new elections through the Plan's web site or voice response system.

Investment Elections

Fund Name	Account Number (Required)	Amount to Traditional 403(b) (Per Pay Period)	Amount to Roth 403(b) (Per Pay Period)
American Funds - R1 Investments			
American Funds - R2 Investments			
American Funds - R3 Investments			
American Funds - R4 Investments			
Equitable			
Fiduciary Trust Company of New Hampshire			
Horace Mann Insurance Co.			
Horace Mann's Retirement Advantage			
Invesco Investment Services, Inc.			
Kades-Margolis			

Continued on Page 2

Participant Name	Social Security No.

Fund Name	Account Number (Required)	Amount to Traditional 403(b) (Per Pay Period)	Amount to Roth 403(b) (Per Pay Period)
Lincoln Investment Planning			
MetLife			
New York Life			
Reliastar Life Insurance Company			
Security Benefit			
Vanguard Investments			
Total			

By signing this Agreement, Employee agrees to modify his/her salary as indicated above and Employer agrees to contribute this amount on Employee's behalf into the 403(b) annuity(ies) or custodial account(s) selected by Employee and authorized by the Employer. It is intended that the requirements of all applicable state and federal tax rules and regulations (Applicable Law) will be met. Employee understands and agrees that this Agreement:

1. Is legally binding and irrevocable with respect to amounts paid or available while it is in effect; however, is effective only for amounts not yet earned or made available.
2. May be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new salary reduction agreement is submitted;

Employee further agrees that:

- In conjunction with his/her Employer, he/she is responsible for determining that his/her salary reduction amount does not exceed the limits of the Applicable Law;
- He/she is responsible for the accuracy of information provided by Employee, which is used in determining Employee's maximum annual contribution limit;
- Employer has no liability for any losses suffered by Employee that result from his/her participation in the 403(b) plan;
- He/she acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness or tax consequences of the purchase of the 403(b) plan. Nothing herein shall affect the terms of employment between Employer and Employee;
- This agreement supersedes all prior 403(b) salary reduction and/or deduction agreements and shall automatically terminate if employment with Employer is terminated.

Important Information

- Although Employer must authorize Service Providers, Employer does not choose the annuity contract(s) or custodial account(s) in which 403(b) contributions are invested.
- Employees are responsible for setting up and signing the legal documents to establish the annuity contract or custodial account, except for certain group annuity contracts under which Employer may be required to establish the contract.
- In order to receive the expected tax results, Employees are responsible for investing in annuity contracts or custodial accounts that meet the requirements of Section 403(b) of the Internal Revenue Code.
- Employees are responsible for naming a death beneficiary under the 403(b) plan. This is normally done at the time the annuity contract or custodial account is established. Beneficiary designations should be reviewed periodically.
- Employers are responsible for all distributions and any other transactions with the Service Provider. All rights under the annuity contracts or custodial accounts are enforceable solely by Employee, Employee's beneficiary or Employee's authorized representative. However Employer has certain responsibilities under the 403(b) Plan with respect to the integrity of the transactions for the Plan and may require an authorized representative from the Employer (or their Designee) to approve any requested transaction by Employees.
- Employee must cooperate directly with Service Provider, Employer, or their Designee, as directed by Employer to transfer contract(s) or custodial account(s) to another Service Provider, begin distributions, make loans, exchanges or otherwise access 403(b) plan assets.
- Employees are responsible for determining that salary reductions do not exceed the allowable contribution limits under Applicable Law.

Participant Name	Social Security No.

EMPLOYEE SIGNATURE

☐ Check here if you control another consulting or other business or company.

I understand that all rights under the annuity(s) or custodial accounts established by me under the 403(b) plan are enforceable solely by me, my beneficiary or my authorized representative. I also understand that no later than January 1, 2009, my Employer will have a 403(b) Plan in place that will require my Employer, or their designee to authorize certain distributions and loans, and that it will not be solely my responsibility to authorize such transactions. By signing this Agreement, I authorize any Service Provider, or their delegee to provide information on my Account to Employer or another Service Provider if such information is necessary for compliance purposes or to effectuate such transactions as I may request.

SIGNATURES

Under penalties of perjury, I certify that the above information (including my social security number) is correct and I am an employee of the Employer. I also: (1) acknowledge receipt of the current prospectus; (2) agree to promptly give Instructions to the Sponsor necessary to enable the Custodian to carry out its duties under the Group Custodial Agreement; (3) represent that whenever information as to any taxable year is required to be filed with the Internal Revenue Service, the individual will file such information with Internal Revenue Service unless filed by the Custodian; (4) accept responsibility for computing the annual Exclusion Allowance and the limitations on Elective Deferrals under the Internal Revenue Code; and (5) acknowledge that this Group Custodial Agreement operates in conjunction with the Employer's 403(b) Plan document. I hereby agree to participate in the 403(b)(7) Group Custodial Account offered by the Custodian. I acknowledge receipt of a copy of the custodial account document under which this 403(b)(7) Group Custodial Account is established, and a copy of this Participation Agreement. I direct that my contribution be invested as indicated on my enrollment form, and I direct that all benefits upon my death be paid as indicated above. In the event that this is a rollover contribution, the undersigned hereby irrevocably elects, pursuant to the requirements of Section 1.402(a)(5)-1T of the IRS regulations, to treat this contribution as a rollover contribution.

Sponsor: PenServ Plan Services, Inc.

Participant Signature: _____ Date: _____

Employer Name Butler Area School District 403(b) Plan

Please return a copy of the completed forms to:

Payroll Department

Attn: Debby Koegler

Email: deborah.koegler@basdk12.org | Mail: 110 Campus Lane, Butler, PA 16001