

Arlington Public Schools, Virginia

Salary Reduction Agreement for 403(b) and/or ROTH 403(b) Annuity Contract or 403(b)(7) Custodial Account

1 Please Type or Print Legibly

Page 1 of 2

Employee Name	
Employee Email Address	Work Location
Mailing Address	
Number of Payrolls Per Year: <input type="checkbox"/> 24 <input type="checkbox"/> 20	

2		
Employee I.D. Number		
OR		
Employee Social Security Number		

3 Original Agreement or Amendment to a Previous Agreement

4 **Reduction Amount** List all companies and salary reductions requested whether new or existing. IMPORTANT: Read instructions on page 2 of this form.

Company Name	Provider Code	Designates		Salary Reduction Dollar Amount (per Pay Period)	Effective Payroll Date (New account or amendment - MM/DD/YY)	Terminate Reduction
		403(b)	ROTH 403(b)			
		<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	\$		<input type="checkbox"/>
The total amount of contributions to all providers for each pay period				\$		

NOTICE: Any SRA accounts not listed will be automatically terminated.

5 **Automatic Enrollment Notification:** I am aware that APS will match my contributions to my 403(b) accounts up to the limit determined by APS. Matching contributions will be paid into a 401(a) account on my behalf and participants are 100% vested in the match account immediately. Employer contributions shall be deposited into a 401(a) account with the investment provider and product determined by APS. VRS Hybrid Retirement Plan Members must max out voluntary contributions to the defined contribution component of the Hybrid Retirement Plan to be eligible for the 401(a) match.

Election: (New Hires)
 I am opting out of this program
 Yes I choose to participate in this program. Deductions from my paycheck will begin on the next available paycheck. If I want to change my deductions, or select a financial advisor to help me invest for retirement, I understand that I must select an investment product provider from the APS authorized provider listing and complete and submit the appropriate forms according to the procedures of the plan I select to receive the 403(b) match. As of July 1, 2009, the amount to be deducted from each paycheck is the greater of:
24 Pay Employees: \$10.00 or 0.4% of gross salary 20 Pay Employees: \$12.00 or 0.4% of gross salary

The amount elected above shall result in a total ANNUAL REDUCTION not to exceed the maximum allowable contribution calculation as stated below. The Employer agrees that it will remit the amount of such reduction and/or change for the 403(b) and/or ROTH 403(b) Tax Sheltered Annuity or 403(b)(7) custodial account offered by the Company (companies) listed above. I realize that if the change results in decrease or elimination of reduction under the 403(b) T.S.A. program, that this reduction or elimination cannot be "made up" in the future unless it falls within the allowable limit for that calendar year.

This Agreement shall be legally binding and irrevocable with respect to amounts earned while the Agreement is in effect, and any termination of this Agreement shall be effective only with respect to amounts not yet earned at the time of said termination. This reduction may not exceed the employee's statutory limit per Section 403(b), Section 402(g) or Section 415 of the Internal Revenue Code, that limits the total allowable salary reduction to all Companies to which salary reduction contributions can be made.

I hereby authorize my Employer to reduce or suspend any contributions established by this agreement if in its opinion the total annual contributions would exceed my Maximum Allowable Contribution in any calendar year.

For 403(b)- The Employee is responsible for the accuracy of the excludable amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary reduction in this agreement, or any other violation of the requirement of Section 403(b) could result in additional taxes, interests, and penalties to the Employee.

For 403(b) ROTH- The Employee is responsible for the accuracy of the amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary deduction in this agreement, or any other violation of the requirement of Section 403(b) could result in additional taxes, interests, and penalties to the Employee.

It is the intent of the parties that the non-forfeitable retirement deferred annuity or custodial contract pursuant to this Agreement shall qualify for the federal income tax benefits provided for in Section 403(b) of the Internal Revenue Code. **Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of this Agreement by Employee and Employer.**

This Agreement may be terminated by either the Employer or Employee upon notice to the Employer or Employee as applicable. This Agreement is processed by TSA Consulting Group, Inc., as the Administrator by Contract for Arlington Public Schools' 403(b)/403(b)(7) plan administrator services provider.

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AGENT/REPRESENTATIVE (IF APPLICABLE) — PRINT NAME _____

AGENT/REP PHONE _____

AGENT/REP EMAIL _____

7

Employee Telephone Number _____

Employee e-mail address _____

I agree with the terms above:

EMPLOYEE SIGNATURE _____

Date of this Agreement _____, 20____

8

Mail, fax or e-mail your SRA to:

TSA Administration Services
Attn: SRA Processing Dept.
P.O. Box 4037
Fort Walton Beach, FL 32549
Fax: 1-866-908-7582

or

E-Mail:
SRAProcessing@tsacg.com

SRA is not valid if "Effective Payroll Date" in Section 4 is more than 90 days from the "Date of this Agreement" in Section 7.

Employee Instructions:

1. Complete the Employee sections regarding "Name," "Email Address," "Mailing Address" and "Work Location." Select the number of payrolls that you, the employee, receive during a calendar year.
2. Enter your "I.D. Number" and/or "Social Security Number" in the boxes provided.
3. Mark the box that corresponds with the type of SRA your are submitting: "Original Agreement" or "Amendment to a Previous Agreement."
4. (a) Enter the info for ALL your new and/or existing accounts (you may have only one account or multiple accounts).
NOTICE: Any SRA accounts not listed will be automatically terminated.
(b) In addition to entering the company name, the employee and/or agent MUST fill in the correct Provider Code on the SRA (list available with this SRA or online at <http://www.tsacg.com/individual/plan-sponsor/virginia/arlington-public-schools/>).
(c) Enter the salary reduction amount (dollar amount) you wish to be withheld from your payroll.
(d) If this SRA is being submitted to terminate a current salary reduction, please list the company name to be terminated and indicate "Terminate Reduction" in the space provided (check box).
(e) Total the dollar amount for all contributions, and enter the total in the box provided.
5. Complete this section for "Automatic Enrollment" (New hires).
6. Provide agent name and telephone number, if applicable.
7. Sign and date the agreement. Please provide a telephone number where you can be reached during business hours.
8. Mail the completed original signed agreement to TSA Administration Services, Attn: SRA Processing Dept., P.O. Box 4037, Fort Walton Beach, FL 32549 or fax the completed form to 1-866-908-7582 or e-mail to sraprocessing@tsacg.com

The employer, Arlington Public Schools, will apply and remit the salary reduction documented on page 1 of this SRA form to TSA Consulting Group, Inc. The administrator is providing remittance and administration services for voluntary retirement plans for Arlington Public Schools.

PRIVACY - The administrator shall take all reasonable precautions to prevent disclosure or use of the information for a purpose unrelated to administration of the plan.

The administrator shall disclose information described only:

- (a) in response to a court order;
- (b) for an examination conducted by the commissioner of insurance;
- (c) for an IRS audit or investigation;
- (d) to or at the request of the insurer or plan sponsor; or
- (e) with the written consent of the identified individual or his or her legal representative.

Authorized 403(b) and/or ROTH 403(b) Providers (July 01, 2015)

COMPANY	LOCAL	MAIN	WEB SITE	PROVIDER CODE
AXA Advisors LLC	(703) 207-0900	(800) 628-6673	www.axa-equitable.com	AX
Lincoln Financial Group	(571) 438-1705 (571) 758-8360	(800) 234-3500	www.Lincolnalliance.com	LI

SRA Deadline	Payroll Date
07/06/2015	07/15/2015
07/22/2015	07/31/2015
08/05/2015	08/14/2015
08/20/2015	08/31/2015
09/03/2015	09/15/2015
09/21/2015	09/30/2015
10/06/2015	10/15/2015
10/20/2015	10/30/2015
11/05/2015	11/13/2015
11/22/2015	11/30/2015
12/03/2015	12/15/2015
12/17/2015	12/31/2015

SRA Deadline	Payroll Date
01/06/2016	01/15/2016
01/21/2016	01/29/2016
02/04/2016	02/12/2016
02/18/2016	02/29/2016
03/06/2016	03/15/2016
03/22/2016	03/31/2016
04/06/2016	04/15/2016
04/21/2016	04/29/2016
05/05/2016	05/13/2016
05/19/2016	05/31/2016
06/05/2016	06/15/2016
06/20/2016	06/30/2016
07/07/2016	07/15/2016