

Oxnard School District
403(b) Salary Amendment Agreement
For Pre-tax and Roth (after-tax) Contributions



This form is used to begin, change or stop contributions to a voluntary 403(b) account with the employer sponsored 403(b) plan. This form will be used with both Traditional (pre-tax) accounts as well as Roth (after-tax) accounts.

Form Completion

To complete this form, enter the correct information into each designated field within the 'Employee Information' section. Please ensure all spelling and numbers which are entered are accurate.

Once all employee data has been provided, please enter the correct information into each designated field within the 'Contribution Information' section of this form including your contribution amount and the investment provider to receive your contributions. Please read all contribution limit information prior to determining your contribution amount.

Once all contribution information has been provided you may enter your financial advisor's contact information, if applicable. This information is not required, however recommended if you are working with an advisor.

Please review all information on the completed form for accuracy prior to submission. Once you have verified that all information is accurate, print the form and sign where indicated. Provide this completed and signed form to your employer.

Investment Provider Selection and Information

Employees are solely responsible for the selection and establishment of a 403(b) account prior to submitting this Salary Amendment Agreement. The investment provider list can be found on page 2 of this form. Investment provider information can be provided by the plan administrator or on the respective company websites. Further information may be available through a financial advisor or tax professional.

Monthly Administration Fee

A fee of \$3 per month is charged to each investment provider by the employer's plan administrator to cover the costs of administration. Many investment providers have agreed to pay this fee and do not pass it along to the plan participants. Some investment providers may require that the plan administration fee be paid by the plan participant. If the participant is responsible for paying this fee it will be deducted through an after-tax payroll deduction.

Contribution Limits

Contribution limits are defined by the Internal Revenue Service each year. Based on your age and years of full-time service with your current employer, you may be eligible to contribute more than the normal annual contribution limit. Please contact a financial advisor or your plan administrator for more information on these provisions.

Questions

For questions about this form please contact Tax Deferred Solutions, the plan administrator, at (866) 446-1072.

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Investment Provider/Vendor Name	No Monthly Fee	Monthly Fee (through payroll deduction)
American Century Services LLC		[Admin Fee: \$3.00]
American Fidelity Assurance Co.	X	
American Funds Service Company		[Admin Fee: \$3.00]
American General Life	X	
American United Life Ins Co 1		[Admin Fee: \$3.00]
Americo Financial Life/Annuity	X	
Ameriprise Financial Services, Inc.	X	
Annuity Investors Life Ins. Co.	X	
Athene Annuity and Life (Aviva)	X	
AXA Equitable Life Insurance Company	X	
CalSTRS Pension 2 (VOYA)		[Admin Fee: \$3.00]
Calvert Funds		[Admin Fee: \$3.00]
Fidelity Management Trust		[Admin Fee: \$3.00]
Fiduciary Trust Intl-Franklin Templeton		[Admin Fee: \$3.00]
Foresters Financial (First Investors)	X	
FTJ Fundchoice, Inc		[Admin Fee: \$3.00]
General American Life	X	
Global Atlantic Financial Group	X	
GLP & Associates		[Admin Fee: \$3.00]
Great American Insurance Group	X	
Great Southern Life Ins. Co.	X	
GWN/Employee Deposit Acct	X	
Horace Mann Life Ins. Co.	X	
Industrial Alliance Ins & Fin. Serv. Inc	X	
Jackson National Life III		[Admin Fee: \$3.00]
Kansas City Life Insurance Company	X	
Lincoln Investment Planning	X	
Lincoln National	X	
Mass Mutual VA	X	
MetLife	X	
MetLife of CT (Travelers)	X	
Midland National Life Insurance	X	
Modern Woodmen of America	X	
National Health Insurance Company - 403(b)	X	
National Life Group (LSW)	X	
North American Company 2	X	
NY Life Ins. & Annuity Corp.	X	
Oppenheimer Shareholder Svcs.	X	
Pacific Life Insurance Company		[Admin Fee: \$3.00]
PFS Investments	X	
PlanMember Services Corp.	X	
Putnam Investments	X	
ROTH - American Century Services LLC		[Admin Fee: \$3.00]
ROTH - AXA Equitable	X	
ROTH - California Teachers Assoc. (CTA)		[Admin Fee: \$3.00]
ROTH - CalSTRS Pension 2 (VOYA)		[Admin Fee: \$3.00]
ROTH - Fidelity Management Trust		[Admin Fee: \$3.00]
ROTH - Foresters Financial (First Inv.)	X	
ROTH - FTJ Fund Choice		[Admin Fee: \$3.00]
ROTH - Great American	X	
ROTH - Horace Mann Life Ins. Co.	X	
ROTH - Industrial Alliance Pacific	X	
ROTH - Legend Group/ADSERV	X	

ROTH - Lincoln Investment	X	
ROTH - MetLife	X	
Roth - National Life Group (LSW)	X	
ROTH - Oppenheimer	X	
ROTH - PlanMember Services Corp.	X	
ROTH - Primerica Financial Services	X	
ROTH - Security Benefit	X	
ROTH - Valic	X	
ROTH - Voya Financial (Reliastar)	X	
ROTH - Voya Financial (VRIAC)	X	
Security Benefit	X	
Sentinel Group Funds, Inc.	X	
Symetra Life Insurance Company	X	
T. Rowe Price Trust Company		[Admin Fee: \$3.00]
The Legend Group/ADSERV	X	
Thrivent Financial for Lutherans	X	
TIAA-CREF		[Admin Fee: \$3.00]
TransAmerica	X	
United Teacher Assoc. Ins. Co	X	
USAA Life Insurance Co.	X	
VALIC	X	
Vanguard Fiduciary Trust Co.		[Admin Fee: \$3.00]
Voya Financial (Reliastar)	X	
Voya Financial (VRIAC)	X	
Waddell & Reed Inc.	X	
Western National (AIG) - 1		[Admin Fee: \$3.00]

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The Salary Amendment Agreement is used to establish, change, or cancel voluntary contributions made from your paycheck and remitted to an account within an employer-sponsored 403(b) Plan on your behalf. This completed and signed Salary Amendment Agreement is to be used only for the 403(b) Plan of Oxnard School District.

An available list of investment providers can be viewed on page 2 of this form. Further information for investment providers may be found at www.403bcompare.com. Please consult with a financial advisor or tax professional regarding your investment options and contribution limits.

Employee Information	Employee Name		Employee ID			
	Employee Street Address		Term	Contribution Frequency		
	City		School Term Full Term	Monthly Pay Bi-weekly Pay		
	Email Address		State	Zip Code		
	Date of Birth (MM/DD/YYYY format)	Date of Hire	Home Phone			
Contribution Information	Based on the date of birth and date of hire provided, you may be eligible to contribute:					
	Normal Limit: \$ _____ Age 50+ Provision: \$ _____ 15 Years+ Provision: \$ _____					
	Total Estimated Annual Contribution Limit: \$ _____					
	<i>Note: These estimated calculations are not a recommendation or guarantee of contribution limits. Please refer to your financial advisor or tax professional to ensure your eligibility for contributions over the normal limit. The Plan Administrator must approve the calculations of the '15 Years' Provision prior to its use.</i>					
	1. To START plan contributions select the applicable provider and enter the dollar amount of contributions.					
	2. To CHANGE plan contributions select the applicable provider and enter the new dollar amount of contributions.					
	3. To CANCEL plan contributions select the applicable provider and enter the 0 (zero) as the amount of contributions.					
	Tax Election	Investment Provider	403bCompare Number*	Account No. (Required)	Contribution Amount	\$3 After-tax Fee**
	Pre-Tax Roth					
	Pre-Tax Roth					
Pre-Tax Roth						
Pre-Tax Roth						
* All new accounts must have a valid 403bCompare.com number associated with the investment provider selected.						
** An after-tax administration fee of \$3 will be deducted for each account to which an employee is actively contributing if that account is not with a provider that has agreed to pay this administration fee on behalf of the participant. Fee information can be found on page 2 of this form.						
Total PRE-TAX contribution amount each payroll cycle: \$ _____						
Total ROTH (after-tax) contribution amount each payroll cycle: \$ _____						
Effective Date of Change	The effective date of this salary amendment agreement is as soon as administratively feasible, but no later than the first applicable payroll in the month following the date of submission in good order (e.g. If the form is received in May, contributions may begin no later than June).					
Financial Advisor Information	Advisor Name		Advisor Phone			
	Email Address		Firm Name			

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<p>Employee Agreement and Important Information</p>	<p>By signing this Agreement, Employee agrees to modify his/her salary as indicated and Employer agrees to contribute this amount on Employee's behalf into the 403(b) annuity(s) or custodial account(s) selected by Employee and authorized by Employer under the Employer's 403(b) Plan. Employer agrees to properly identify pre-tax 403(b) contributions and after-tax Roth contributions for proper allocation to segregated accounts by the investment providers. It is intended that the requirements of all applicable state and federal tax rules and regulations (Applicable Law) will be met.</p> <p>Employee understands and agrees that this Agreement:</p> <ul style="list-style-type: none"> • Is legally binding and irrevocable with respect to amounts paid or available while it is in effect and is effective only for amounts not yet earned or made available. • 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 amendment agreement is submitted. • Supersedes all prior 403(b) salary reduction/amendment agreements and shall automatically terminate if employment with the Employer is terminated. <p>Employee further understands and agrees that Employee:</p> <ul style="list-style-type: none"> • Is responsible for determining that annual salary reduction contributions to all elective deferral plans do not exceed the limits of the Applicable Law. • Is responsible for identifying that portion of his/her contribution which is a Roth 403(b) contributions and which portion is a pre-tax 403(b) contribution so that investment providers can properly segregate contributions or apply separate accounting to independently track and monitor each type of contribution. • Is responsible for the accuracy of the information provided by Employee, which may be used in determining Employee's maximum annual contribution limit. • Is solely responsible for any losses suffered by Employee that result from his/her participation in the 403(b) plan and that Employer has no liability for investment performance of Employee's account(s). • Acknowledges that Employer has made no representation 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. • Acknowledges and authorizes Employer to share information on employee's account(s) with investment providers and/or plan administrators for compliance purposes. <p>Although Employer must authorize investment providers, Employer does not choose the annuity contract(s) or custodial account(s) in which 403(b) contributions are invested. Employee is responsible for setting up and signing the legal documents to establish the annuity contract or custodial account, which must be established prior to submission of this Agreement.</p> <p>Employers are responsible for all distributions and any other transactions with the investment provider(s). All rights under the annuity contracts or custodial accounts are enforceable solely by Employee, Employee's beneficiary or Employee's authorized representative. However, Employer has certain responsibilities under the 403(b) Plan with respect to the integrity of the transactions for the Plan and may require an authorized representative from Employer to approve any requested transactions by Employees. Employee must cooperate directly with any investment provider or Employer representative, as directed by Employer to exchange contract(s) or custodial account(s) to another investment provider, make distributions, request loans, exchanges or otherwise access 403(b) Plan assets.</p> <p>Employee understands that Employer is authorized to utilize the services of a plan administrator at the discretion of the Employer and, as such, Employer may direct the amount of any salary reduction/deduction to the plan administrator with the intent of having plan administrator distribute such funds to the designated investment provider.</p> <p>Employee understands that the plan administrator charges each investment provider an administration fee of \$3.00 per month for each annuity or custodial account administered in the Plan. In the event the investment provider selected above does not agree to pay the administration fee, Employee authorizes and directs Employer to deduct the administration fee directly from Employee's paycheck each month through an after-tax payroll deduction.</p> <p>I certify that I have read this complete Agreement and that my contributions to the 403(b) Plan do not result in a contribution amount that exceeds the contribution limits under Applicable Law. I understand my responsibilities as an Employee under the 403(b) Plan, and by signing this Agreement, I direct Employer to take the actions specified in this Agreement unless deemed inappropriate by my Employer or plan administrator.</p> <p>By signing this Agreement, I authorize any investment provider, the 403(b) plan administrator, my Employer or their representatives to provide information on my account(s) that may be necessary for compliance purposes or to effectuate such transactions as I may request.</p>		
<p>Employee Signature</p>	<table border="1" style="width: 100%;"> <tr> <td data-bbox="292 1617 1356 1682">Employee Signature</td> <td data-bbox="1356 1617 1559 1682">Date</td> </tr> </table>	Employee Signature	Date
Employee Signature	Date		