Employee Benefits Services & Advisors, Inc.

SALARY REDUCTION ENROLLMENT AND AMENDMENT FORM

457 Deferred Compensation Plan – PRE TAX

Pursuant to the provisions and conditions set forth on the bottom of this page, I hereby request and authorize the Payroll Department of **Las Lomitas School District** to reduce my salary by, or in the event of an after tax contribution, to deduct from my salary, the amount indicated in Section A of this form and direct the amount of such reduction/deduction to the company indicated in Section C below.

SECTION - A

Employee Full Name: _____ Date of Birth: _____

Social Security Number: _____ Work Site: _____ Date of Hire: _____

Employee Contribution per Pay Period: $_____ ☐ 10 Pay ☐ 11 Pay ☐ 12 Pay ☐ Other _____

Effective Date of Change: _____/_____/_____ Employee Annual Contribution: $ _____

SECTION - B

☐ Initial Enrollment ☐ Dollar Change ☐ Beneficiary Change ☐Investment Change ☐ Stop all contributions

SECTION – C

#9753 AUL– 457 Plan $ _____ per month

#9754 FTJ– 457 Plan $ _____ per month

#9755 LSW– 457 Plan $_____ per month

#9756 IAP– 457 Plan $ _____ per month

#9757 PacLife– 457 Plan $ _____ per month

#9758 SBG– 457 Plan $ _____ per month

SECTION – D

KEY: PS=PER STIRPES PC=PER CAPITA

Primary Beneficiary(s): _____

NAME: _____ **RELATIONSHIP:** _____ % _____

NAME: _____ **RELATIONSHIP:** _____ % _____

Contingent Beneficiary(s): _____

NAME: _____ **RELATIONSHIP:** _____ % _____

NAME: _____ **RELATIONSHIP:** _____ % _____

SALARY REDUCTION / DEDUCTION AMENDMENT TO EMPLOYMENT CONTRACT

I hereby agree to the terms of the Plan Agreement.

I hereby authorize my employer to deduct from my salary the amount specified above and to transmit the deduction to the above designated company or companies. This authorization will continue in effect until I submit a timely termination.

By signing this document, the Employee directs the to withhold at the above level and acknowledges that he/she has been advised by qualified tax counsel and agrees to indemnify and hold the District/Employer harmless from any and all taxes, penalties, and cost which may occur due to any over-withholding of tax sheltered annuity funds generated by this amendment to the employment contract.

The Employee hereby both authorizes the disbursing agent to recover any amount erroneously transmitted by it, from the company(ies) receiving the erroneous amount, and directs the company(ies) so affected immediately transmit those amounts to the disbursing agent.

The Employees agrees that the District/Employer shall have no liability whatsoever for any and all losses suffered by the Employee with regard to his/her selection of the investment; the terms of the investment; the selection of the insurance company or regulated investment company; the solvency of, operation of or benefits provided by said insurance company or regulated investment company; or his/her selection and purchase of shares of regulated investment companies.

The employer and the employee are the sole participants in the Plan.

Employee Signature: _____ Date: _____

Advisor Name (if applicable): _____ Phone: _____

District/Employer Authorization: _____ Date: _____