

403(b) SALARY REDUCTION AUTHORIZATION AND AMENDMENT FORM

Pursuant to the provisions and conditions set forth on the bottom of this page, I hereby request and authorize the Payroll Department of **Merced County Office of Education** to reduce my salary by the amount indicated and direct the amount of such reduction to the Insurance and/or Mutual fund Company specified below.

Employee Information

Employee Full Name: _____ Date of Birth: _____

Social Security Number: _____

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

Effective Month/Year of Change: ____/____

Transaction Information

CHECK ALL THAT APPLY: ☐ Increase in contribution amount ☐ Decrease in contribution amount
☐ New Contribution ☐ Change in Company ☐ Additional Company ☐ Stop all contributions

Vendor Company Information

INSURANCE COMPANY / MUTUAL FUND TO RECEIVE 403(b) CONTRIBUTIONS:

Name of Company: _____ MCOE Vol Ded Number*
(Office Use Only): _____

☐ Dollar Amount: _____ or ☐ Percentage of Salary Amount: _____

Name of Company: _____ MCOE Vol Ded Number*
(Office Use Only): _____

☐ Dollar Amount: _____ or ☐ Percentage of Salary Amount: _____

Cancellation Information

CANCELLATION REQUEST – Please cancel contributions to the following companies:

Company Name

Company Name

SALARY REDUCTION AUTHORIZATION AND AMENDMENT TO EMPLOYMENT CONTRACT

It is agreed that the wages earned or contract of employment between the Employer and the below-signed Employee is amended as of the Effective Date of change listed so that thereafter, the Employer is requested and authorized by Employee to reduce the amount of salary payments due to the Employee and to direct the amount of such salary reduction to the company indicated above for the purchase by that company of a 403(b) account for Employee under the provisions of Sec. 403(b) of the U.S. Internal Revenue Code and other applicable law.

This Agreement supersedes and replaces all previous Agreement(s) naming the issuer(s) and/or custodian(s) designated above. The Employee shall have no more than one SRA in effect at any time, listing all annuity contracts and/or custodial accounts to which payments are made by the Employer. The Employee understands that, in accordance with the regulations under the Internal Revenue Code, this agreement may only be effective with respect to compensation received by or made available to the employee subsequent to the effective date (and the Employer approval) of the Agreement and shall not apply to compensation paid or made available before such date.

It is understood by the Employee that the Employer is authorized to utilize the services of a Third Party Administrator at the discretion of the Employer, and as such, the Employer may direct the amount of salary reduction from the Employee to the Third Party Administrator with the intent of having the Third Party Administrator distribute such funds to the company indicated above for the purchase by that company of 403(b) account.

It is understood and agreed by the Employee that to coincide with Internal Revenue Code 403(b) and other applicable laws and regulations, the Employer and/or Third Party Administrator may be required to share information with the 403(b) company pertinent to maintaining the compliance of the Employer's 403(b) plan. The information shared will not be shared with outside parties except where required by State or Federal law.

It is agreed that this Salary Reduction Agreement and Amendment to Employment Contract shall apply to any future wages/employment contracts or any amendment to the present or to any future wages/employment contract, providing that the Employee has the right, at any time, to revoke this agreement in writing and submit such cancellation to the Employer in a timely manner.

The Employee understands that participation in a 403(b) plan is voluntary and agrees to hold harmless and indemnify the Employer from any and all damages that may result from the Employee's participation in the plan. As a participant of a voluntary 403(b) plan, the Employee will be held solely responsible for investment selection and control of assets in the Employee's account. No person who is otherwise a fiduciary shall be held liable for any loss which results from participation in the plan.

By signature below the Employee hereby agrees to the contract stipulations and authorizes the Employer to execute this Salary Reduction Authorization and Amendment to Employment Contract form.

Employee
Signature: _____

Date: _____

Employer
Authorization: _____

Date: _____

Advisor Name (if applicable): _____

Phone: _____