San Joaquin County Office of Education (Tracy Unified School District) Investment Provider Listing



Below is a list of the approved Investment providers for the Employer's 403(b) Plan.

The Salary Amendment Agreement can be found following the Investment Provider Listing.

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Investment Provider Name	Payroll Deduction \$3.00	STRS ID#	Escape Deduction Group ID	
American Century Investments	X	1164	T002	
American Fidelity Assurance Company		1062	T004	
American Funds Distributors, Inc. (AFD)	X	1057	T005	
American United Life (AUL), a OneAmerica Financial Partner	X	1128	T006	
Americo Financial Life and Annuity Insurance Company/Great Southern Life		1005	T007	
Insurance Company**		1035	T007	
Ameriprise Financial Inc.		1041	T003	
AXA Equitable Life Insurance Company		1067	T011	
CalSTRS Pension 2	Х	1097	T056	
Commonwealth Annuity and Life Insurance Company		1018	T013	
Fidelity Investments	Χ	1133	T015	
Fiduciary Trust International of the South ('FTIOS")	X	1025	T016	
First Investors funds distributed by Foresters Financial		1077	T017	
FTJ FundChoice, LLC	X	1148	T018	
GLP Investment Services, LLC		1817	T067	
Great-West Life & Annuity Company*		1084	T021	
GWN Securities, Inc		1113	T022	
Hartford, The	X	1009	T023	
Horace Mann Companies		1014	T024	
Industrial-Alliance Pacific Life Insurance Company, US Branch		1135	T025	
Jackson National Life Ins. Co.	X	1108	T028	
Legend Group; The		1052	T029	
Lincoln Investment Planning, Inc.		1068	T023	
Lincoln Nat'l Life Ins Co (Lincoln Fin Grp), The		1029	T031	
LSW dba National Life Group		1036	T030	
MassMutual, through its subsidiary, C.M. Life Insurance Company		1074	T033	
MetLife Insurance Company USA		1074	T034	
Metropolitan Life Insurance Co -aka- MetLife, MetLife Resources		1073	T036	
Midland National		1043	T037	
Modern Woodmen of America		1043	T038	
National Health Insurance Company (NHIC)*		1188	T039	
		1083	T041	
New York Life Ins. & Annuity Corp.		1472	T040	
North American Company for Life and Health				
Oppenheimer Funds Distributor, Inc		1121	T042	
Pacific Life Insurance Company	X	1130	T043	
Pentegra Retirement Services***		1718	T044	
PFS Investments Inc		1030	T045	
PlanMember Services Corp		1127	T046	
Putnam Investments		1145	T048	
RSG Securities/National Planning Corporation	X	1174	T049	
Security Benefit		1022	T050	
T. Rowe Price	X	1005	T052	
Thrivent Financial AKA Thrivent Financial for Lutherans, Thrivent Investment Management Inc.		1038	T054	
Thrivent Investment Management Inc.		1066	T055	
TIAA-CREF (Teachers Insurance & Annuity Association of America)	X	1023	T053	
Transamerica Financial Life Insurance Company		1413	T059	
Transamerica Fund Services, Inc.	X	1076	T058	
Transamerica Life Insurance Company*		1160	T059	
USAA Investment Management Company		1142	T062	
USAA Life Insurance Company		1053	T063	
VALIC		1117	T001	
Vanguard Group, The	X	1102	T064	
Voya Financial / ReliaStar		1060	T027	
Waddell & Reed, Inc		1042	T065	
Western National Life Insurance Company	X	1162	T066	

Roth 403(b) Investment Providers			
American Century Investments	X	1164	TROTH0
CalSTRS Pension 2	X	1097	TROTH3
Horace Mann Companies		1014	TROTH5
Industrial-Alliance Pacific Life Insurance Company, US Branch		1135	TROTH1
LSW dba National Life Group		1036	TROTH4
Oppenheimer Funds Distributor, Inc		1121	TROTH6
PFS Investments Inc		1030	TROTH2

Monthly Fee

A fee of \$3 per month for every month of participation is charged to each investment provider by the employer's third party administrator to cover the costs of administering the employer's 403(b) plan. Many investment providers have agreed to pay this fee and not pass it along to participants. Other investment providers will require that the fee be paid by the participant; participant payments are completed through an after-tax payroll deduction.

Investment Information

Please consult with your financial advisor regarding your investment options. Investment information and comparisons are available at www.403bcompare.com.

- * This company is no longer accepting new 403(b) contributions and therefore no fee will be assessed on the current accounts.
- **This investment provider does not authorize <u>NEW</u> voluntary contributions. Current voluntary contributions may be continued and the amount of the current deferrals may be changed. New accounts may be established with the investment provider but the provider will only accept transfers, exchanges and rollover contributions.
- *** This company will pay a portion of the fee and will charge the participant's account for the remainder of the fee.



403(b) Salary Amendment Agreement The Salary Amendment Agreement is used to establish, change, or cancel elective deferrals withheld from your paycheck either before tax or after tax and contributed to an account within the employer-sponsored 403(b) Plan on your behalf. This completed and signed Salary Amendment Agreement s to be used only for the San Joaquin County Office of Education (Tracy Unified School District) 403(b) Plan. **Employee** Employee Name Social Security Number Information **Employee Street Address** Pay Cycle 10 Pay
Other: ☐ 11 Pay ☐ 12 Pay Zip Code City State Job Title **Employee Classification Email Address** ☐ Certificated ☐ Classified Primary Phone Secondary Phone Date of Birth Primary Phone Type Secondary Phone Type Date of Hire ☐ Home ☐ Cell ☐ Work ☐ Other ☐ Home ☐ Cell ☐ Work ☐ Other Contribution Pre-tax 403(b) Contributions After-tax (Roth) 403(b) Contribution Information ☐ BEGIN contributions to a *pre-tax* 403(b) account ☐ BEGIN contributions to a *Roth* 403(b) account ☐ CHANGE contributions to a *pre-tax* 403(b) account ☐ CHANGE contributions to a *Roth* 403(b) account ☐ CANCEL all contributions to a *pre-tax* 403(b) account ☐ CANCEL all contributions to a Roth 403(b) account Effective Date: This Salary Amendment Agreement will go into effect as soon as administratively feasible but no sooner than the first day of the month following the date of submission and acceptance (e.g. If the form is received in May, contributions may begin no sooner than June). The first payroll in the month following the submission and acceptance of this form is deemed the effective date. Investment Contribution 403bcompare Contribution **Investment Provider Name** Account Number[†] Provider Type Number* Amount* Information ☐ Pre-tax # \$ # ☐ After-tax ☐ Pre-tax # \$ # ☐ After-tax *New 403(b) accounts must have a 403bcompare.com number listed *Per payroll cycle [†]403(b) account must be established PRIOR to submitting a Salary Amendment Agreement to your Employer Total PRE-TAX contribution amount each payroll cycle: Total AFTER-TAX contribution amount each payroll cycle: Advisor Name **Financial** Advisor Phone Advisor Information Email Address Firm Name **Employee** I understand and agree to the following: This Salary Amendment Agreement is an agreement between me and my Employer which I have entered into voluntarily. Approval This Agreement supersedes all prior 403(b) Salary Amendment Agreements and will automatically terminate if my employment This Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect. This Agreement may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent. This Agreement may be changed with respect to amounts not yet paid or available. I understand that I may not contribute an amount which will exceed the annual deferral limits under Code Section 415 or permit excess elective deferrals under Code Section 402(g). If, based on information held by my employer or the plan administrator (Tax Deferred Solutions/TDS), either my employer or TDS believes additional contributions will cause me to exceed limits under Code Section 415 or 402(g), I authorize the automatic cancellation of this Salary Amendment Agreement. In the event this Salary Amendment Agreement is automatically cancelled for excess contribution limits. I understand the cancellation of this Agreement due to exceeding verifiable contribution limits does not terminate the Agreement permanently, and contributions will resume as soon as administratively feasible. I understand that TDS, the plan administrator, charges each Investment Provider an administration fee of \$3.00 per month for each Investment Account administered in the Plan. In the event the Investment Provider selected above does not agree to pay the administration fee, I authorize and direct employer to deduct the administration fee directly from my paycheck each month through an after-

I have read and understand all information contained on page 4 of this Agreement

tax payroll deduction.

Employee Signature:

Employer Authorization Employer Acceptance (Signature):

Date:

Date:



403(b) Salary Amendment Agreement

Important Information

The Employee is solely responsible for the completion of all documents to establish the annuity contract or custodial account which must be established prior to the submission of this Agreement.

Employee acknowledges that they have received Employer's list of approved providers and understands that participation in the 403(b) plan with some providers will result in a \$3.00 fee to Employee each month. In the event Employee selects a provider that does not cover the cost of administration as listed in the Employer's list of approved providers, Employee authorizes and directs Employer to deduct the administration fee directly from their paycheck through an after-tax payroll deduction.

Employee acknowledges that neither the Employer nor Tax Deferred Solutions (TDS) has made any representation regarding the advisability, appropriateness or tax consequences of the investment, distribution or any other transaction related to the 403(b) plan.

Participation in a 403(b) Plan is voluntary and the Employee agrees to hold harmless and indemnify the Employer and Tax Deferred Solutions against any and all actions, claims, and demands that may arise from the purchase of annuities or custodial accounts within the 403(b) Plan.

Employee understands and agrees that Employee is responsible for determining that annual salary reduction contributions to all elective deferral plans do not exceed the limits of the Applicable Law.

Neither the Employer nor TDS shall have any liability for any and all losses suffered by the Employee with regard to his/her selection of the annuity and/or custodial account; its terms; the selection of Investment Provider; the solvency of, operation of, or benefits provided by said Investment Provider; or his/her selection and purchase of annuity contracts and/or shares of regulated investments from an Investment Provider.

It is understood by the Employee that the Employer is authorized to utilize the services of a Plan Administrator at the discretion of the Employer, and as such, the Employer may direct the amount of salary reduction/deduction from the Employee to the Plan Administrator with the intent of having the Plan Administrator distribute such funds to the designated Investment Providers.

Employers are responsible for all distributions and any other transactions with the Investment Providers. 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.

By submitting this Agreement, the release of confidential information to third parties including Investment Providers, Plan Administrators and their representatives may occur as necessary to administer the Plan in accordance with applicable State and Federal law.

Employer reserves the right to alter the terms of this Agreement as required to facilitate Plan compliance with State and Federal law.

Instruction

Please review this form carefully and once completed and signed, please submit the form to the appropriate office of your employer. For further information on this form please contact:

Tax Deferred Solutions 6939 Sunrise Blvd, Suite 250 Citrus Heights, CA 95610

866.446.1072 – *toll free*

916.221.5040 - fax

planadministrator@tdsgroup.org - email