

**O'FALLON TOWNSHIP HIGH SCHOOL #203  
§403(b) RETIREMENT PLAN  
ENROLLMENT AND SALARY SAVINGS AGREEMENT**

**PARTICIPANT'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**BIRTH DATE:** \_\_\_\_\_ **DATE OF HIRE:** \_\_\_\_\_ **SOC. SEC. NO:** \_\_\_\_\_

**CONTRIBUTION AMOUNTS**

- I **DO NOT** wish to make Elective Deferrals to the Plan at this time.
- As an Employee eligible to participate in the above-named Plan, I hereby authorize the Employer to deduct \_\_\_\_\_% or a flat dollar amount of \$\_\_\_\_\_ per pay (twice monthly) as an Elective Deferral which I understand will be contributed by the Employer to the Plan for allocation to my account.
- As a Participant, I certify that I am eligible to make Catch-up Contributions to the Plan and I hereby authorize the Employer to deduct \_\_\_\_\_% or a flat dollar amount of \$\_\_\_\_\_, per pay (twice monthly) as a Catch-up Contribution. I understand that this amount will not be deemed a Catch-up Contributions until the last day of the Plan Year and may be disallowed in which case it will be returned to me and taxable to me. Any Elective Deferral that exceeds the maximum dollar limit in effect for the Plan Year will be classified as a Catch-up Contribution.

**CHANGE IN CONTRIBUTION AMOUNTS**

- I am presently a Participant in the Code §403(b) Plan. As a Participant, I hereby authorize my Employer to change the amount it deducts per pay (twice monthly) from \_\_\_\_\_% to \_\_\_\_\_% or if a dollar amount has been specified, from \$\_\_\_\_\_ to \$\_\_\_\_\_. I understand that this change will be effective in accordance with the terms and conditions set forth in the Summary Plan Description.
- I hereby withdraw my authorization to continue payroll deductions under the Plan. I understand this will be effective as soon as administratively feasible upon proper and timely notice to the Employer. I further understand that I may not again authorize payroll deductions until such time as set forth in the Summary Plan Description.

**SPECIAL CATCH-UP ELECTION UNDER CODE §402(g)(7)(B)**

- As a Participant, I certify my Employer is an educational organization, as such terms are defined under Code §402(g)(7)(B), and I have completed fifteen (15) Includable Years (either with the Employer or such other organization as permitted under the regulations), and as such I am eligible to make special Catch-up Contributions to the Plan. I understand that my applicable Elective Deferral Limit shall mean \$16,500 (in 2009) as increased by the Secretary of Treasury in accordance with Code §402(g)(5) for cost of living (the "Base"), plus the least of:

- (a) three thousand dollars (\$3,000),
- (b) fifteen thousand dollars (\$15,000) reduced by amounts in excess of the base not included in gross income for prior years by reason of this subparagraph (b); or
- (c) the excess of five thousand dollars (\$5,000) multiplied by the number of my Includable Years over the contribution made by the Employer on my behalf in prior calendar years pursuant to elective deferrals made by me to Code §403(b) Plans, Code §401(k) Plans, Simplified Employee Pension Plans or eligible deferred compensation plans under Code §457.

I hereby authorize the Employer to deduct \_\_\_\_\_% or a flat dollar amount of \$\_\_\_\_\_, per pay (twice monthly) which I understand will be contributed to the Plan for allocation to my account. I also understand that this amount will not be deemed a Catch-up Contributions until the last day of the Plan Year and may be disallowed in which case it will be returned to me and taxable to me.

In the event that during the calendar year I electively deferred any amounts pursuant to salary reduction agreement under any qualified cash or deferred arrangement [as defined in Code §401(k)], Simplified Employee Pension Plan, eligible deferred compensation plan under Code §457 or other Code §403(b) Plan maintained by the Employer, the elective deferral limit under this Plan shall be reduced by any elective deferral for such calendar year to any such plan.

**INVESTMENT PROVIDER**

Indicate your investment provider below. You should use the attached Provider List to get your account established.

- American Funds Plan ID# 000062234
- AXA Equitable Plan ID# 074069 001
- Fidelity Investments
- Putnam Investor Services Plan ID# 000027123
- T. Rowe Price Plan ID# 104103
- Valic Group Plan ID# 06287

Revised: 12/10/13

**ACCEPTANCE AND AUTHORIZATION**

I understand that I have a duty to review my pay records (pay stub, etc.) to confirm that the Employer has properly implemented my elections on this Salary Savings Agreement. Furthermore, I understand that I have a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and this Salary Savings Agreement and that any failure to report any withholding errors to the Plan Administrator for any payroll to which my Salary Savings Agreement applies by the cut-off date for the next following payroll, acts as my affirmative election to defer the amount the Employer actually withheld. However, I understand that I may thereafter modify my Elective Deferral prospectively, consistent with the Plan terms. Further, due to the increased IRS compliance requirements, I acknowledge that in order for my plan to employ the proper administrator to assist with the final 403(b) regulations, I will have a monthly fee of \$3.00.

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Plan Administrator's Signature**

\_\_\_\_\_  
**Date**

I understand that if I am married, my Spouse is entitled to any death benefit arising under the Plan, unless he or she consents to a different Beneficiary Designation.

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
**Date**