

# Jackson County School District No. 5 403(b) Plan

## SALARY DEFERRAL AGREEMENT

Participant:

\_\_\_\_\_.  
(Print Name)

In accordance with Jackson County School District No. 5 403(b) Plan (the "Plan"), I enter into this Salary Deferral Agreement ("Agreement") with my Employer.

As a Participant in the Plan, I understand the Plan permits me to defer a portion of my compensation. The amount that I elect to defer will be withheld from my paycheck and paid by my Employer into the Plan on my behalf.

This Agreement remains in effect until I revoke or modify it. Modifications to the Agreement are permitted at any time.

In accordance with my rights as a Participant and the provisions of the Plan, I hereby elect to defer my pay by \$ \_\_\_\_\_. This election authorizes my Employer to withhold this amount from my paycheck, and shall remain in effect until I revoke or modify this election. I understand that the total amount of my salary deferrals in any calendar year cannot exceed the maximum permissible amount as shown in the Summary Plan Description. This amount will be adjusted to reflect any annual cost-of-living increases announced by the IRS. Any questions regarding this election should be directed to the Employer as Plan Administrator.

In accordance with my rights as a Participant and the provisions of the Plan, I hereby elect NOT to participate at this time. I understand that I may elect to participate at a later date as the Plan allows.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Participant Signature)