Columbia Public School 403(b) Retirement Savings Plan
Salary Reduction Agreement Change Form

A. Retirement Account Information

Name ________________________________________________ Employee ID# __________

Address __________________________________________________________________________

City ___________________ State __________ Zip ________________

Pay cycle (check one) : ________ Monthly ________ Biweekly

B. 403(b) Salary Reduction/Deferral Amount (pre-tax payroll deduction). This Salary Reduction
Agreement is effective immediately upon acceptance by the Plan Administrator, and I may modify
the Agreement at any time. I authorize the Columbia Public School District (“District”) to withhold
from my Compensation (on a pre-tax basis) the following amount up to the legal limits set forth
by the Internal Revenue Service:

$__________ or ________ % of my compensation which is paid each pay period.

To be effective on ________ payroll date.

☐ Zero. I hereby terminate my prior Salary Reduction Agreement. [Elect “zero” only if you
wish to terminate deferrals under a prior Salary Reduction Agreement now in effect.]

C. 403(b) ROTH Contribution (after-tax payroll deduction). This Salary Reduction Agreement is
effective immediately upon acceptance by the Plan Administrator, and I may modify the
Agreement at any time. I authorize the Columbia Public School District (“District”) to withhold from
my Compensation (on an after-tax basis) the following amount up to the legal limits set forth by
the Internal Revenue Service:

$__________ or ________ % of my compensation which is paid each pay period.

To be effective on ________ payroll date.

☐ Zero. I hereby terminate my prior Salary Reduction Agreement. [Elect “zero” only if you
wish to terminate deferrals under a prior Salary Reduction Agreement now in effect.]

D. Duty to review pay records. I understand I have a duty to review my pay records (pay stub, etc.)
to confirm the District properly has implemented my salary reduction election. Furthermore, I have
a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and
this Salary Reduction Agreement. I understand the Plan Administrator will treat my failure to
report any withholding errors for any payroll to which my Salary Reduction Agreement applies,
by the cut-off date for the next following payroll, as my affirmative election to defer the amount
actually withheld (including zero). However, I thereafter may modify my deferral election
prospectively, consistent with the Plan terms.

Authorization: ___________________________ ___________________________

Participant Date

Return/email this form immediately to Kelly George (kgeorge@cpsk12.org) or to the Employee
Benefits office located in Business Services 1818 W Worley St. Columbia, MO 65203.