

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.