

# 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 to: Jason Nazario ([jnazario@cpsk12.org](mailto:jnazario@cpsk12.org)), Kelly George ([kgeorge@cpsk12.org](mailto:kgeorge@cpsk12.org)) or to the Employee Benefits office located in Business Services 1818 W Worley St. Columbia, MO 65203.