

**COLUMBIA PUBLIC SCHOOL 457(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. 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 (and treat as my deferrals) the following amounts up to the legal limits set forth by the Internal Revenue Service:

(1) _____% of my Compensation which is paid each pay period; or

(2) \$_____ from 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. 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), Kelly George (kgeorge@cpsk12.org) or to the Employee Benefits office located in Business Services 1818 W Worley St. Columbia, MO 65203.