



457(b) Salary Reduction Agreement

Questions? Call us at (800) 953-6260

Asterisks (*) Denote Required Field

457(b) Plan

*Print Name of School District

*Last Name

*First Name

*MI

*Date of Birth

*Street Address

*City

*State

*Zip Code

*Social Security Number

*Date of Hire

*Annual Salary

*Contact Number

*Email Address

I Am Paid: Monthly Semi-monthly Bi-weekly

I elect to use the following catch-up provisions (if allowed by employer): Age 50 Catch-up Final 3 year catch-up

Important: This Form Replaces and Cancels All Previous Salary Reduction Agreements On File

****Please understand all contributions/deductions that are not listed on this form will cease to be deducted from your paycheck and will no longer be contributed to you 457(b) account.****

Deduction 1 (Begin or modify an existing deduction)

<input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> Cancel	<input type="checkbox"/> 457(b) Pre-Tax <input type="checkbox"/> Roth 457(b) Post-Tax	Investment Provider Name:
Start Date:	End Date (If Applicable):	Per Pay Period Amount: \$

Deduction 2 (Optional, if more than 1 Investment Provider is used)

<input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> Cancel	<input type="checkbox"/> 457(b) Pre-Tax <input type="checkbox"/> Roth 457(b) Post-Tax	Investment Provider Name:
Start Date:	End Date (If Applicable):	Per Pay Period Amount: \$

Deduction 3 (Optional, if more than 2 Investment Providers are used)

<input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> Cancel	<input type="checkbox"/> 457(b) Pre-Tax <input type="checkbox"/> Roth 457(b) Post-Tax	Investment Provider Name:
Start Date:	End Date (If Applicable):	Per Pay Period Amount: \$

IRS regulations mandate that elections for a 457 are effective no sooner than the month **after** the election is made. Enrollments and changes to the 457 are effective the month **after** you make the election. It is not possible to enroll in the 457 or change a contribution amount during the current month.

Agreement

By signing the Agreement, Employee agrees to modify his/her salary as indicated above and Employer agrees to contribute this amount on Employee's behalf into the 457 annuity(ies) or custodial account(s) selected by Employee and authorized by the Employer properly identifying pre-tax contributions and post-tax Roth 457 contributions for proper allocation to segregated accounts by the Service Provider(s). It is intended that the requirements of all applicable state and federal tax rules and regulations (Applicable Law) will be met. Employee understands and agrees that this Agreement:

1. Is legally binding and irrevocable with respect to amounts paid or available while it is in effect; however, is effective only for amounts not yet earned or made available.
2. May be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new salary reduction agreement is submitted.

Read Before You Sign:

I certify that I have read this complete Agreement and that my salary reductions do not exceed contribution limits as determined by Applicable Law. I also understand that corrective action may be taken by my Employer, Plan Administrator and Investment Provider in the case that contributions do exceed limits set forth under Applicable Law. Such corrective actions may include the reduction in contributions to avoid exceeding limits and the refunding of excess contributions. I also certify that I am eligible for the catch up election, if selected. I understand my responsibilities as an Employee under the 457 plan, and I request Employer to take the action specified in this Agreement. I understand that there may be an excess contribution to my 457 if I also own more than 50% ("control") of another business. In such event, the maximum contribution to all plans that I control and my 457 accounts or annuities for 2015 may not exceed \$53,000 (if I am under age 50) and \$59,000 (if I am 50 or older by the end of 2015). I understand that my Employer is responsible for knowing that I may control another business and I understand that I must notify my Employer that I have control of another business to ensure that I have not exceeded this maximum amount of contribution.

Check here if you control another consulting or other business or company.

I understand that all rights under the annuity(s) or custodial accounts established by me under the 457 plan are enforceable solely by me, my beneficiary or my authorized representative. I also understand that my Employer has a 457 Plan in place that will require my Employer, or their designee to authorize certain distributions and loans, and that it will not be solely my responsibility to authorize such transactions. By signing the Agreement, I authorize any Service Provider, or their delegate to provide information on my Account to Employer or another Service Provider if such information is necessary for compliance purposes or to effectuate such transactions as I may request.

In the event that the Reduction has not been funded for 60 consecutive days, the Reduction may be stopped by the employer. A new Salary Reduction Agreement must be completed to restart the Reduction. Reductions suspended due to hardship withdrawals will not be automatically restarted.

Employer hereby agrees to identify both the pre-tax contributions and the after-tax contributions at the time of remittance to BBA.

Neither your employer nor BBA certifies or endorse any 457 Service Provider.

Employee Signature

Agent / Signature

Employee Name (Print)

Agent / Broker Name (Print)

Employee Email Address

Agent / Broker Phone Number

Date of Employee Signature

Agent / Broker Email Address

Bay Bridge Administrators ♦ www.bbadmin.com
P.O. Box 162110 ♦ Austin, Texas 78716
Phone: (800) 953-6260 ♦ Fax: (800) 961-6240
email: retirement@bbadmin.com