

Bath Local Schools

403(b)/457 Providers

403(b) Providers

1. Aspire (Matrix Trust Company)
2. Ameriprise Financial Services
3. Great American Life Insurance and Annuity Co.
4. Franklin Templeton (formerly Putnam Fiduciary Trust)

457 Providers

1. OASBO 457, Voya Institutional Trust Co.
 - Matt Snyder – (419) 725-4470, opt-2
2. Ohio Deferred Compensation

Bath Local School District
Agreement for Salary Reduction Under Section 403(b)

By this Agreement, made between _____ (the Employee), and Bath Local School District (the Employer), we agree as follows:

The Employee elects to become a participant of the Employer's retirement Plan and agrees to be bound by all the terms and conditions of the Plan. By executing this agreement, Employee authorizes Employer to reduce his or her compensation and have that amount contributed as an elective deferral and/or as a salary reduction contribution to the Roth option if permitted in the Plan, on his or her behalf into the custodial account as selected by Employee. It is intended that the requirements of all applicable state or federal income tax rules and regulations (Applicable Law) will be met. Employee understands and agrees to the following:

1. This Agreement shall be legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect,
2. This Agreement may be terminated 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 by giving at least thirty (30) days' written notice prior to the date of the termination, and
3. This Salary Reduction Agreement may be changed with respect to amounts not yet paid or available by giving at least thirty (30) days' written notice prior to the date of the change.

Employee is responsible for providing the necessary information at the time of initial enrollment, and later if there are any changes in any information necessary or advisable for Employer to administer the Plan. Employee is responsible for determining that the salary reduction amount does not exceed the limits set forth in applicable law. Furthermore, Employee agrees to indemnify and hold Employer harmless against any and all actions, claims, and demand whatsoever that may arise from the purchase of custodial account. Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness, or tax consequences of the purchase of the custodial account described herein. Employee agrees Employer shall have no liability whatsoever for any and all losses suffered by Employee with regard to his/her selection of the custodial account. Nothing herein shall affect the terms of employment between Employer and Employee. This agreement supersedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

Employee is responsible for setting up and signing the legal documents to establish a custodial account. Employee is responsible for naming a death beneficiary under the custodial account.

Employee acknowledges that this is normally done at the time the account is established and reviewed periodically.

Employee is responsible for all distributions and any other transactions with Provider. All rights under accounts are enforceable solely by Employee, Employee beneficiary, or Employee's authorized representative. Employee must deal directly with Provider to make loans, transfer, apply for hardship distributions, begin regular distributions, or any other transactions.

Effective for amounts paid on or after _____, which date is subsequent to the execution of this agreement, the Employee's salary will be reduced by the amount indicated below.

The salary reduction amount shall be \$ _____ per pay period, based on 24 pays per year. This amount will produce a total annual contribution that does not exceed the Employee's statutory limitation under IRC Section 414(v).

The amount will be remitted by Bath Local School District to the following approved 403(b) Provider:

Date Signed: _____

Employee: _____

Treasurer: _____

For Office Use Only:

Beginning payroll date: _____