



Print Name of School District

Questions? Give NPA a call at 800-880-2776

Last Name	First Name	MI	Date of Birth	Date of Hire	Annual Salary
Street Address			City	State	Zip
Social Security Number				Employee ID Number (only if known)	
Email Address		Home Phone		Work Phone	

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 15 Years of Service Final 3 year catch-up
(If eligible for all, the 15 Years of Service Catch-up is used first)

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

Deduction 1 (Start or modify an existing deduction)

<input type="checkbox"/> Change Existing	<input type="checkbox"/> 457	Service Provider Name	
<input type="checkbox"/> New	<input type="checkbox"/> Roth 457		
Monthly Reduction Amount \$	Per Pay Period Amount \$	Start Date:	End Date (If Applicable):

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

<input type="checkbox"/> Change Existing	<input type="checkbox"/> 457	Service Provider Name	
<input type="checkbox"/> New	<input type="checkbox"/> Roth 457		
Monthly Reduction Amount \$	Per Pay Period Amount \$	Start Date:	End Date (If Applicable):

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

<input type="checkbox"/> Change Existing	<input type="checkbox"/> 457	Service Provider Name	
<input type="checkbox"/> New	<input type="checkbox"/> Roth 457		
Monthly Reduction Amount \$	Per Pay Period Amount \$	Start Date:	End Date (If Applicable):

Terminate my existing 457 Reduction to (If Applicable): _____
Service Provider Name

Have you received a hardship distribution in the past 12 months? Yes No
If yes, what is the name of the product provider that the hardship distribution was taken? _____

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 2010 may not exceed \$49,000 (if I am under age 50) and \$54,500 (if I am 50 or older by the end of 2010). 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 delegee 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 NPA.

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

If this is a new Reduction, please attach a copy of your account application.

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

National Plan Administrators
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