



- Plan Type:** **403(b)** **457**
- Tax Type:** **Traditional** **Roth**
- Contributor:** **Employee** **Employer**

Part 1: Participation Information (Please Print)

Name _____ Social Security Number _____

Address _____ Date of Birth _____

City _____ State _____ ZIP _____ Home Phone _____

Employer _____ Work Phone _____

Employee Hire Date _____ Current Contribution Amount \$ _____

Salary Reduction Election and Investment Election - I wish to make salary reduction contributions to the 403(b) or 457 Program as follows: Enter an amount that does not exceed the lesser of (1) 100 percent of your compensation OR (2) the IRS applicable limits excluding any additional "catch up" contributions. This election supersedes any previous election made.

Part 2: Salary Reduction Program Instructions

- | | New Amount | Effective Date |
|---------------------------------------------------------------------------------------------|-------------------|-----------------------|
| <input type="checkbox"/> I wish to Initiate a Salary Reduction Program (Per Pay Period). | \$ _____ | ____/____/____ |
| *For part time personnel <input type="checkbox"/> Part Time | *% _____ | ____/____/____ |
| <input type="checkbox"/> I wish to make changes in the Salary Reduction Program as follows: | | |
| Increase/Decrease my current modal contribution to: (Per Pay Period). | \$ _____ | ____/____/____ |
| <input type="checkbox"/> Increase \$ _____ <input type="checkbox"/> Decrease \$ _____ | | |
| <input type="checkbox"/> Change from (vendor) _____ to (vendor) _____ | | |

Investment Company (Vendor)	Comments	Amount of Contribution
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

Contribution /Pay Schedule Mode: 26 x 24 x 12 x 10 x 9 x Other: _____

Total Annual: \$ _____

- No Change.
- I wish to discontinue my Salary Reduction Program.
- No, I do not wish to participate at this time.**
If in the future I choose to participate, I will contact my employer and/or its Third Party Administrator.

Part 3: Employee Acknowledgment

The above named Employee acknowledges the modification his/her salary as indicated above. The Employer agrees to contribute this amount on Employee's behalf into the annuity or custodial accounts selected by Employee. All parties intend that the requirements of all applicable state or federal income tax rules and regulations (Applicable Law) will be met. The Employee understands and agrees to the following:

1. I authorize Employer to remit the salary deferral amount(s) designated above to the designated investment vendor(s) as elective deferrals to 403(b) or 457(b) Plan.
2. This Participation Agreement is legally binding and irrevocable with respect to amounts paid or available while this Agreement is in effect.
3. This Participation Agreement may be changed with respect to amounts not yet paid or available in accordance with the Employer's administrative procedures.
4. This Participation Agreement may be terminated at any time for amounts not yet paid or available and any termination request is permanent and remains in effect until a new Participation Agreement is submitted.
5. I acknowledge that Employer does not choose the annuity contract or custodial account in which Employee contributions are invested and Employer has made no representation to me regarding the advisability, appropriateness, or tax consequences of the purchase of the annuity and/or custodial account described herein. I acknowledge the Employer shall have no liability whatsoever for all losses suffered by me with regard to his/her selection of the annuity and/or custodial account; its terms; the selection of the insurance company or regulated investment company; the financial condition, operation of or benefits provided by said insurance company or regulated investment company; or his/her selection and purchase of shares of regulated investment companies. Employer does not warrant the performance or the appropriateness of any investment or the tax consequences or excludability and will not be responsible for any penalties or tax consequences resulting from this Agreement. Nothing herein shall affect the terms of employment between Employer and Employee. This Agreement supersedes all prior participation agreements and shall automatically terminate if Employee's employment is terminated.
6. I am aware of the fees and expenses charged by the designated investment provider(s).
7. Employees are responsible for setting up and signing the legal documents to establish their annuity contracts or custodial accounts. However, in certain group annuity contracts, the Employer is required to establish the contract.
8. In order to receive the expected tax results, Employees are responsible for investing in annuity contracts or custodial accounts that meet the requirements of Section 403(b) of the Internal Revenue Code. FTJ will ascertain that Service Providers meet the requirements of Section 403(b).
9. Employees are responsible for naming a beneficiary under annuity contracts or custodial accounts. This is normally done at the time the contract or account is established. Beneficiary designations should be reviewed periodically.
10. Employees are responsible for all distributions and any other transactions with their Employer. All rights under contracts or accounts are enforceable solely by Employee, Employee beneficiary or Employee's authorized representative. Employee must deal directly with his/her Employer to make loans, transfer to different contracts or custodial accounts, begin distributions, or any other transaction.
11. FTJ is responsible for determining that Service Provider contracts are 403(b) qualified and determining that salary reductions do not exceed the allowable contribution limits under Applicable Law, and will complete annual maximum allowable contribution calculations.

Additionally, for 457-Deferred Compensation Plan only:

1. I acknowledge the Employer may revoke or modify this Agreement at any time to comply with applicable IRS limits.
2. I acknowledge that the Plan does not allow for withdrawals while employed at employer.

Employee Signature **X** _____ Date ____/____/____

Employer _____ Title _____ Date ____/____/____

Please make a copy for your records and return original to Human Resources