

**Notice:** This is an Official School Corporation Form. You must complete this form to have a valid salary reduction agreement. However, this is not a substitute for any forms your agent or vendor may require in addition to this form. Check with your agent or vendor for any additional forms that may be needed.

**EAST NOBLE SCHOOL CORPORATION  
SALARY REDUCTION AGREEMENT FOR TAX SHELTERED ANNUITY**

\_\_\_\_\_  
Employee Name (First, M.I., Last)

\_\_\_\_\_  
Employee Address (Street, City, State, Zip)

\_\_\_\_\_  
Employee's Date of Birth

\_\_\_\_\_  
Employee Social Security Number

\_\_\_\_\_  
Employee Number

**AUTHORIZATION TO MAKE SALARY REDUCTIONS**

I HEREBY DIRECT MY EMPLOYER, East Noble School Corporation ("East Noble") to purchase an annuity contract for me under the East Noble School Corporation 403(b) Plan ("Plan") by reducing my salary in the amount of \$ \_\_\_\_\_ for  18 pays (cafeteria or instructional assistant),  20 pays (some teachers), or  24 pays (all others) per year. All such reduced amounts shall be used by East Noble to purchase a 403(b) annuity contract for me.

**This amount will continue until such time the employee makes changes or terminates the contract. Changes may be made one (1) time per calendar quarter.**

**INVESTMENT DIRECTION**

I direct East Noble to forward the amount by which my salary is being reduced to the following vendor(s):

_____ American Fidelity Assurance Co	\$ _____
_____ AXA Equitable	\$ _____
_____ Lincoln National Life Insurance Co	\$ _____
_____ VALIC	\$ _____

TOTAL \$ \_\_\_\_\_

**I verify that I have read and will abide by this agreement. I also confirm that all of the calculations are accurate.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Agent