

LOGANSPORT COMMUNITY SCHOOL CORPORATION

403(b) SALARY REDUCTION AGREEMENT

Logansport Community School Corporation sponsors a 403(b) Salary Reduction Plan. To participate, you must complete the information requested below, even if in the past you completed a similar agreement. This Agreement will replace any prior Salary Reduction or Deferred Compensation Agreement.

Check One:

☐ New Enrollment ☐ Change to agreement ☐ Cancellation

PARTICIPANT INFORMATION

Participant Name: _____ SSN: XXX-XX-

AGREEMENT/AUTHORIZATION

Contributions can be made pre-tax only, after-tax Roth only, or a combination of both pre-tax and after-tax Roth. The dollar amount listed in the pre-tax and after-tax sections together represent the total amount to be reduced from Employee's salary.

This Agreement is made by and between Employer and Employee. The parties agree to acknowledge the following:

Pre-Tax Salary Reduction 403(b)

Employee agrees to defer the right to receive compensation as follows:

Commencing on _____ (MM/DD/YYYY)*

\$ _____ each pay period

(_____ pay periods per year)

☐ American Funds
☐ Azzad Asset Management
☐ Equitable
☐ Fidelity Investors Company
☐ PenServ *(Formerly Foresters Financial)*
☐ Vanguard Fiduciary Trust Company
☐ VOYA Financial
☐ VALIC Financial Advisors/Corebridge**

After-Tax Roth Salary Reduction 403(b)

Employee agrees to have amounts deducted from Employee's pay as follows:

Commencing on _____ (MM/DD/YYYY)*

\$ _____ each pay period

(_____ pay periods per year)

(Vendor must have Roth availability)

☐ American Funds
☐ Equitable
☐ Fidelity Investors Company
☐ PenServ *(Formerly Foresters Financial)*
☐ Vanguard Fiduciary Trust Company
☐ VOYA Financial
☐ VALIC Financial Advisors/Corebridge**

The frequency with which a 403(b) Salary Reduction Agreement may be entered into or amended, the compensation as to which such agreement applies, and the ability to revoke such agreement shall be determined under the applicable federal income tax rules and your Employer's Plan.

**Commencement will begin on the date listed or next available payroll cycle if received after.*

WAIVER

_____ At this time, I choose to not contribute to the 403(b) program acknowledging the full amount I would have received will be deducted from my benefits at retirement.

- Employee requests that Employer invest the funds in a custodial account, trust and/or annuity contract meeting the applicable Internal Revenue Code requirements.
- Employee agrees and acknowledges that contributions under this Agreement shall be subject to the provisions of the respective Plans and that Employer may impose its own or additional administrative rules and procedures.
- Employee may only contribute amounts that have not already been paid or made available. Employee agrees and acknowledges that contributions shall not exceed applicable limits under the Plan or federal law and that Employer may limit contributions in order to comply with federal law and the Plan document. Employee hereby directs that any contribution in excess of such limits be returned to Employee in accordance with governing legal requirements.
- This Agreement shall terminate any prior Salary Reduction or Deduction or Deferred Compensation Agreement executive between Employer and Employee under Employer's Section 403(b). This Agreement shall continue indefinitely until amended or terminated: (1) for the 403(b) plan, by either party giving either (a) at least thirty (30) days' written notice prior to the date of such amendment or termination, or (b) such other time period as may be required with respect to the Plan. If Employer elects to cease all employee elective contributions to the Plan, this Agreement shall automatically terminate with respect to such Plan. Unless otherwise provided with respect to Employer's Plan, the Agreement shall automatically terminate upon Employee's Severance from Employment with Employer and/or if Employee otherwise becomes ineligible to participate in the Plan.
- Nothing in this Agreement shall be deemed to constitute an employment agreement and nothing contained herein shall be deemed to give Employee any right to be retained in the employ of Employer.

Employee Signature: _____

Date: _____

Employer Signature: _____

Date: _____

Title: _____

403(b) PROVIDERS

American Funds

Edward Jones Wendy Orpurt 574/753-4391
340 Mall Road Logansport, IN 46947

Amanda Hedrick 574/753-3676
2501 E. Market Street Logansport, IN 46947

Sycamore Financial Group
765/455-1554 or 800/536-1767
2713 Rockford Lane Kokomo, IN 46902

PenServ (Formerly Foresters Financial)

Andrew Dixon 317/842-8488 Ext 307 800/886-4342
Matthew Crooks 317/842-8488 Ext 316 800/886-4342
6602 E 75th Street Suite 100, Indianapolis, IN 46250

Vanguard Fiduciary Trust Company

ATTN: Individual Retirement Services Dept.
800/662-2003, P.O. Box 1103
Valley forge, PA 19482-1103

Azzad Asset Management

Ayman Khalil 703/207-7005
3141 Fairview Park Drive, Suite 460
Falls Church, VA 22042

American Funds/VOYA Financial

David Workman, Workman & Associates 574/722-4222
529 E. Market Street, Logansport, IN 46947

Equitable

Sam Neff 317-645-5307 Samuel.neff@equitable.com
Jason Woodruff Jason.woodruff@equitable.com
9465 Counselors Row Suite 120
Indianapolis, IN 46240

VALIC /Financial Advisors / Corebridge**

Bryan Hoffman Cell 765-490-1834 / Office
765-818-5900 / Client Care Center 800-448-2542
Email: bryan.hoffman@corebridgefinancial.com
Saul Alvarez Jr Cell 765-757-1954 / Office
765-818-5900 / Client Care Center 800-448-2542
Email: saul.alvarez@corebridgefinancial.com

Fidelity Retirement Services

800/343-0860 P.O. Box 31401
Salt Lake City, UT 84131-9921

****Employer Match Company**