



**Salary Deferral Agreement  
403(b) Plan**

**Franklin Central Supervisory Union 403(b) Plan**

**96519-01**

**Participant Information**

Last Name			First Name			MI			Social Security Number															
Address - Number & Street												E-Mail Address												
City				State				Zip Code				Mo			Day			Year			<input type="checkbox"/> Female		<input type="checkbox"/> Male	
( )				( )								Date of Birth			<input type="checkbox"/> Married		<input type="checkbox"/> Unmarried							
Home Phone						Work Phone																		

**Salary Deferral Agreement**

This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superceded, or the employee ceases to be an eligible employee. This Agreement supercedes all previous agreements.

I understand that I may change the percentage of compensation or dollar amount contributed to the Plan only when and as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code deferral limits.

**Payroll Information**

Specify one of the following:

- New Enrollment
- Restart
- Increase Payroll Deduction
- Decrease Payroll Deduction
- Stop Deductions

Specify the following:

- I elect to contribute \_\_\_\_\_% or \$\_\_\_\_\_ (per pay period) of my compensation as before-tax contributions to the 403(b) Plan until such time as I revoke or amend my election.
- I elect to contribute \_\_\_\_\_% or \$\_\_\_\_\_ (per pay period) of my compensation after-tax as a designated Roth contribution to the 403(b) Plan until such time as I revoke or amend my election.

Note: The total of your before-tax and Roth deferrals cannot exceed 100% or \$16,500.00. Your before-tax and Roth deferrals must be specified consistently (both as a percent or both as a dollar amount). If I am 50 years of age or older and I am eligible for a catch-up contribution, I understand I may exceed this total.

Payroll Effective Date: \_\_\_\_\_  
Mo Day Year

Date of Hire: \_\_\_\_\_  
Mo Day Year

Payroll Center Name

Payroll Center Number

**Your Consent and Signature**

I have completed, understand and agree to the terms of this Agreement and authorize the payroll deduction as indicated on this form.

Participant Signature

Date

**Participant** forward to Human Resources at:  
28 Catherine Street  
St. Albans, VT 05478  
**Phone #:** 1-800-457-1028  
**Web site:** www.VTRetirementSavings.com

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