

Community Unit School District 303

*Serving St. Charles and the surrounding communities . . .
recognized for excellence by the United States Department of Education*

201 South 7th Street – St. Charles – Illinois 60174-2664 – 630-513-3030 – Fax 630-513-8506 - www.d303.org

TSA - 403 (b) Contribution Form

Employee Name _____
(please print)

Social Security _____

PLEASE CHECK APPROPRIATE BOX:

1. () **Begin** a 403 (b) salary reduction plan on paydate _____
Name of annuity company _____
Amount per pay: _____

Required Account Number from 403 (b) plan _____
(maximum of 24 payments per year)

(Please include a “Salary Reduction Agreement” provided by your annuity company or agent)

2. () **Terminate** a 403 (b) salary reduction plan on paydate _____
Name of annuity company _____

3. () **Change** the salary reduction amount of a 403 (b) plan on paydate _____
Name of annuity company _____
Amount per pay: _____
(maximum of 24 payments per year)

Employee’s Signature Required

Agent’s Signature

SEE REVERSE SIDE FOR HOLD HARMLESS AGREEMENT

**STATEMENT OF UNDERSTANDING AND HOLD HARMLESS
AGREEMENT REGARDING TAX-SHELTERED ANNUITY PROGRAM**

The undersigned, hereinafter referred to as “Employee” for and in consideration of the provision of a 403(b) annuity program (Program) by the Board of Education of Community Unit School District #303 (Board) and other good valuable consideration, the adequacy and sufficiency of which is hereby acknowledged, agree as follows:

1. The employee expressly understands and agrees that the Board assumes no liability, and makes no warranties and representations to the Employee, with respect to any income tax consequences resulting from the Program or from the Employee’s participation in the Program.

2. The Employee expressly agrees to bear all risk of loss and to remain primarily liable for any income tax or other financial consequences resulting from participation in the Program.

3. The Employee agrees to indemnify and hold the Board harmless against any and all actions, claims and demands whatsoever that may result from the Employee’s participation in the Program, including but not limited to, claims for income tax and actions resulting from the purchase of annuities for Employee’s in amounts in excess of the applicable “exclusion allowance” as defined in Section 403(b) of the Internal Revenue Code then appertaining.

Print Employee Name

Employee Signature

Date