

Employer Signature

CARSON CITY SCHOOL DISTRICT SALARY REDUCTION CHANGE AGREEMENT

Your employer sponsors a 403(b) plan and a 457(b) plan. To participate in either or both plans, you must complete this form, even if in the past you completed a similar agreement for one of the plans. This agreement will replace any prior employee elective contribution agreement under the 403(b) plan and/or 457(b) plan. Please indicate to which plan this Agreement applies:

CHECK ALL THAT APPLIES	:	
□ 403(b) □ 457(b)	□ Both □ Contribution	Amount Change
NAME OF AGENCY:		
1. EMPLOYEE INFORMATION		
Name:(Please print)		
Date of Birth:		
2. AGREEMENT/AUTHORIZATION	•	parties agree to and acknowledge the following:
403(b) Plan Employee Elective Contr Employee agrees to make employee el as follows: Commencing on Date (MM/DD/YYYY) A. \$ each pay perior	ective contributions to the 403(b)	plan
457(b) Plan Employee Elective Contr Employee agrees to make employee el plan as follows: Commencing on Date (MM/DD/YYYY) A. \$each pay perio	ective contributions to the 457(b)	
Employer's Section 403(b) and/or 457(l plan, by either party giving either (a) at other time period as may be required w party prior to the beginning of the monti termination is to be effective. If Employe automatically terminate with respect to automatically terminate upon Employee participate in either of the Plans. • Employee may only contribute amoun contributions shall not exceed applicab with federal law and the plan document Employee in accordance with governing • Employee agrees and acknowledges and that Employer may impose its own	b) plans. This Agreement shall concleast thirty (30) days' written notice least thirty (30) days' written notice ith respect to the Plan; or (2) for the function of the least thirty (30) days' written notice it is subject to the plan; or (2) for the least the least thirty and the l	ement shall be subject to the provisions of the respective plans
Employee Signature	Date	

Date