Salary Reduction Authorization for 403(b) Annuity Contract or 403(b)(7) Custodial Account Errobyes Name Social Sourlly Number Work Localism Position Original Agreement With respect to services shall be reduced by: Equal amounts of \$	11.	raches CHCD 2 II	Name of Company 402/h) Draduct Dravida	
Position	Herscher CUSD 2, IL Salary Reduction Authorization for 403(b) Annuity Contract or 403(b)(7) Custodial Account		Name of Company - 403(b) Product Provider	
Original Agreement	Employee Name		Social Security Number	
With respect to services rendered by the Employee hereafter, the Employer and the Employee hereby agree the Employee' compensation for such services shall be reduced by: Equal amounts of \$	Wor	k Location	Position	
Equal amounts of \$ per pay period beginning the		Original Agreement		
Amounts equal to	With respect to services rendered by the Employee hereafter, the Employer and the Employee hereby agree the Employee's compensation for such services shall be reduced by:			
The amount deceted above shall result in a total ANNUAL REDUCTION not to exceed the maximum allowable contribution calculation. The Employers agrees that it will remit the amount of such reduction for the 403(b) Tax Sheltered Annully or 403(b)(7) custodial account offered by the Company listed above. Amendment Agreement - Type of Change Desired		Equal amounts of \$ per pay period beginning the, 20 pay period.		
Employer agrees that it will remit the amount of such reduction for the 403(b) Tax Sheltered Annuity or 403(b)(7) custodial account offered by the Company listed above. Amendment Agreement - Type of Change Desired		Amounts equal to% of compensation per pay period beginning the, 20 pay period.		
Increase from \$ per pay period to \$ beginning the		Employer agrees that it will remit the amount of such reduction for the 403(b) Tax Sheltered Annuity or 403(b)(7) custodial account offered by the		
Decrease from \$		Amendment Agreement - Type of Change Desired		
Change to		Increase from \$ per pay period to \$	beginning the, 20pay period.	
Suspend-Name of Company		Decrease from \$ per pay period to \$	beginning the, 20 pay period.	
I have read the above and understand the proposed change. I hereby request that such change be effected. I realize that if the change results i decrease or elimination of reduction under the 403(b) T.S.A. program, that this reduction or elimination cannot be "made up" in the future unless falls within the guidelines established by the Internal Revenue Code of 1986, as amended. This Agreement shall be legally binding and irrevocable with respect to amounts earned while the Agreement is in effect, and any termination of the Agreement shall be effective only with respect to amounts not yet earned at the time of said termination. It is provided that this reduction does not excee the Employee's statutory limits under Section 402(g) or the limitation of Section 415 of the Internal Revenue Code. This limits the total allowable sale reduction to all Companies to which salary reduction contributions can be made. It is understood that the amount specified will be forwarded to it Company listed above, provided that the Employee has sufficient earnings during the immediately preceding pay period to accommodate the request reduction. In the event that the calculations provided by the Employer are lower that the calculation shall prevail. I hereby authorize my Employer to reduce or suspend any contributions established by this agreement, if in its opinion, the total annual contributions would exceed my Maximum Allowable Contribution in any calendar year. Release of Liability - The Employee agrees that the Employer and its agents shall have no liability whatsoever for any and all losses suffered by me we regard to my selection of the annuity and/or custodial account, its terms, the selection of the insurance company, custodian, or regulated company, or reselection and purchase of shares of regulated investment companies. The Employee is responsible for the accuracy of the excludable amounts stated in this Agreement. Any overstatement of the amounts accuracy of the excludable amounts accuracy of the insurance code. Any ch		Change to% of compensation per pay period	beginning the, 20pay period.	
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Effective Date of this Agreement, 20 Herscher CUSD 2, IL AGENT/REPRESENTATIVE NAME AGENT/REPRESENTATIVE PHONE By:	Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of this Agreement by Employee and Employer.			
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Bv:	Effe	ctive Date of this Agreement, 20	Herscher CUSD 2, IL	
Ву:	AGENT/REPRESENTATIVE NAME AGENT/REPRESENTATIVE PHONE			
EMPLOYEE SIGNATURE EMPLOYER SIGNATURE		EMPLOYEE SIGNATURE	By:EMPLOYER SIGNATURE	

DATED _

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