## Atwood Heights School District 125, IL Salary Deduction Agreement for ROTH 403(b)

Name of Company:

Annuity Contract or Cus	stodial Account			
Employee's Name		So	cial Security Number	
Work Location		Po	sition	
Original ROTH Agreement	t			
With respect to services rendered by services shall be reduced by:	the Employee hereafter, the Emp	oloyer and the Employee	hereby agree the Employee's o	compensation for such
Equal amounts of \$	per pay	period beginning the	, 20 pay p	eriod.
The amount elected above shall re Employer agrees that it will remit the above.				
Amendment ROTH Agreer	ment - Type of Change Do	esired		
Increase from \$	per pay period to \$	beginning the	, 20 pay per	iod.
Decrease from \$	per pay period to \$	beginning the	, 20 pay peri	od.
For TERMINAL LEAVE PAY	OUT, deduct 🛘 \$	or Maximum Amoun	t possible up to \$	after payment of
Suspend—Name of Compar	ny		401(a) Linpi	oyer contribution.
Effective Date of Change of	r Suspension		20	
I have read the above and understar decrease or elimination of deduction falls within the guidelines established	under the ROTH 403(b) program	, that this deduction or e		
NO-LOAD ROTH INVESTME	NT OPTIONS ONLY:	1/7		
I acknowledge receipt of the appro Maximum Allowable Contribution	opriate disclosure materials (p			Employee's initials
This Agreement shall be legally binding a shall be effective only with respect to amounder Section 402(g) or the limitation of S deduction contributions can be made. It is provided by the District are lower than the	ounts not yet earned at the time of sa Section 415 of the Internal Revenue s understood that the amount speci	id termination. It is provide Code. This limits the total a fied will be forwarded to th	d that this deduction does not exc allowable salary deduction to all C e Company listed above. In the e	eed the Employee's limits ompanies to which salars
I hereby authorize my Employer to reduce my Maximum Allowable Contribution in an		olished by this agreement,	if in its opinion, the total annual co	ontributions would exceed
The Employee is responsible for the accideduction in this agreement, or any other				
It is the intent of the parties that the non-fi Tax benefits provided for in Section 403( Employer and becomes effective upon	(b) of the Internal Revenue Code of	1986, as amended. Any	change to this Agreement mu	
This Agreement may be terminated by applicable.	either the Employer or Employee u	upon thirty (30) days notic	e to the Company and to the E	mployer or Employee as
Effective Date of this Agreemen	t, 20	Atwood H	leights School Dist	rict 125, IL
AGENT / REPRESENTATIVE NAME	Agent's Phone	AG	ENT / REPRESENTATIVE SIGNATURE	
EMPLOYEE SIGNAT	TURE		EMPLOYER SIGNATURE	
Dated	, 20	Dated		, 20