



South-Western City Schools

ADM 180
5/97

Tax Sheltered Annuity Plan Application & Compensation Reduction Agreement

Employee Name: _____ Social Security Number: _____
(Please print)

1. Select one:

- ☐ New application ☐ Increase amount ☐ Decrease amount
☐ Recomence contributions ☐ Stop all contributions ☐ Change companies

2. This application shall be effective for contributions on or after: _____

3. I elect to have my compensation reduced by

\$ _____ per pay period, payable to _____
(Name of Insurance Company)

\$ _____ per pay period, payable to _____
(Name of Insurance Company)

4. I agree that South-Western City Schools shall have no liability whatsoever for any taxes, additions to tax, penalties or interest incurred by me due to any failure to comply with any of the limitations of the Tax Laws or for any loss incurred by me with regard to my selection of Insurance Company(ies), or the solvency of, the operation of, or benefits provided by my Insurance Company(ies). I understand that payment of any taxes resulting from a mistake in the determination of the maximum amount that can be contributed to my tax sheltered annuity is my responsibility, and I agree that I will reimburse the South-Western City Schools for any additional withholding taxes that it may be required to pay as a result of under withholding because of such a mistake.

5. Attached to this Application and Compensation Reduction Agreement is a Certification(s) of Compliance with Tax Limitations which has been completed by my Insurance Company(ies). I understand that the Treasurer may require that my Insurance Company(ies) provide a new Certification(s) from time to time and may terminate this Application if such Certification(s) is not provided.

6. I understand that this Application and Compensation Reduction Agreement is automatically renewed on January 1 of each calendar year hereafter, unless I change it providing the South-Western City Schools with a new Application and Compensation Reduction Agreement.

7. I understand that to make a change in this Application, I must complete a new Application and Compensation Reduction Agreement and return it to the Treasurer of South-Western City Schools at least thirty (30) days before date which the change(s) becomes effective. I further understand that it is my responsibility to notify my Designated Insurance Company(ies) of all changes made to my Compensation Reduction Agreement.

Employee's Signature: _____ Date: _____

ACCEPTANCE BY SOUTH-WESTERN CITY SCHOOLS:

South-Western City Schools agrees to reduce the Employee's compensation as requested above for the purpose of paying the premiums for a tax-deferred annuity contract(s) on behalf of the Employee, and to forward an amount(s) equal to the Employee's compensation reduction amount(s) specified above to the Participant's Designated Insurance Company(ies) as a premium payment for a tax-deferred annuity contract.

South-Western City Schools

By: _____ Date: _____
(Treasurer)