South-Western City Schools
Tax Sheltered Annuity Plan Application & Compensation Reduction Agreement

1. Select one: [] New application [] Increase amount [] Increase amount [] Recommence contributions [] Stop all contributions [] Change companies 2. This application shall be effective for contributions on or after: [] Increase amount [] Change companies 3. I elect to have my compensation reduced by [Name of Insurance Company) 5	[] New application [] Increase amount [] Recommence contributions [] Stop all contributions	[1Dacrosso amount
[] Stop all 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 \$	[] Recommence contributions [] Stop all contributions	[]Dacrosco amount
\$	2 This small and an aball by affectibes for a small and a second	
\$	Z. This application shall be effective for contributions on or after:	
(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(les), or the solvency of, the operation of, or benefits pain insurance Company(les), 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(les), understand that the Treasurer may require that my Insurance Company(les) 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 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(les) of all changes made to my Compensation Reduction Agreement. Employee's Signature: Date: Date: ACCEPTANCE BY SOUTH-WESTERN CITY SCHOOLS:	3. I elect to have my compensation reduced by	
\$	\$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(les), or the solvency of the operation of, or benefits provided by my insurance Company(les). 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(les), understand that the Treasurer may require that my insurance Company(les) provided 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 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(les) of all changes made to my Compensation Reduction Agreement. Employee's Signature: Date:	(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(les), or the solvency of, the operation of, or benefits provided by my insurance Company(les), 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(les), understand that the Treasturer may require that my insurance Company(les) 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(les) of all changes made to my Compensation Reduction Agreement. Employee's Signature: Date: Date: ACCEPTANCE BY SOUTH-WESTERN CITY SCHOOLS:		
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(les), or the solvency of, the operation of, or benefits provided by my insurance Company(les), 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(les), understand that the Treasurer may require that my Insurance Company(les) 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. Lunderstand 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(les) of all changes made to my Compensation Reduction Agreement. Employee's Signature: Date: Description and Compensation that the purpose of patient the purpose of patient the changes of patient the purpose of patient the purpo	(Name of Insurance Company)	
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 paving the	 5. Attached to this Application and Compensation Reduction Agreement is a Cotions which has been completed by my Insurance Company(ies), understand Company(ies) provide a new Certification(s) from time to time and may termi provided. 6. I understand that this Application and Compensation Reduction Agreement calendar year hereafter, unless I change it providing the South-Western City Steduction Agreement. 7. I understand that to make a change in this Application, I must complete a nement and return it to the Treasurer of South-Western City Schools at least this 	r withholding because of such a mistake. ertification(s) of Compliance with Tax Limita- i that the Treasurer may require that my insurance linate this Application if such Certification(s) is not is automatically renewed on January 1 of each Schools with a new Application and Compensation ew Application and Compensation Reduction Agree- inty (30) days before data which the change(s) be-
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	made to my Compensation Reduction Agreement.	a construction of the control of the changes
South-Western City Schools agrees to reduce the Employee's compensation as requested above for the purpose of paying the	Employee's Signature:	Date:
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) countries the Employee	ACCEPTANCE BY SOUTH-WESTERN CITY SCHOOLS:	
compensation reduction amount(s) specified above to the Participant's Designated Insurance Company(les) as a premium payment for a tax-deferred annuity contract.	South-Western City Schools agrees to reduce the Employee's compensation as	d to forward an amount(s) equal to the Employee's
South-Western City Schools	premiums for a tax-deferred annuity contract(s) on behalf of the Employee, and compensation reduction amount(s) specified above to the Participant's Design	nated insurance Company(les) as a premium pay-
By: Date:	premiums for a tax-deferred annuity contract(s) on behalf of the Employee, and compensation reduction amount(s) specified above to the Participant's Design ment for a tax-deferred annuity contract.	nated insurance Company(les) as a premium pay-