

Fax/Mail Form To:

GLP Strategic Administrative Group
 Attn: Shannon LaBarre
 37000 W. 12 Mile Rd., Suite 101
 Farmington Hills, MI 48331
 Phone #248-489-0101
 Fax #248-876-9657

- New 457 Agreement (Complete ALL Sections)
- New 403(b) Agreement (Complete ALL Sections)
- Change in Contribution Amount, Investment Provider, and/or Money Source
 (Supersedes any prior agreement)
- Terminate Agreement (Stop/Cancel) Complete Employee Information and send to GLP & Associates Inc.
- Exchange

Warren Consolidated Schools 403(b) Plan Salary Reduction Agreement
 (EIN# 38-6002567)

Employee and School District Information (Required)	Employee Name (first, middle, last) _____	Social Security Number ____ - ____ - ____	Employee ID # _____
	Employee Address _____	City, State and Zip _____	
403 (b) Salary Reduction Election (check one)	<p>I elect to reduce my salary on a pre-tax basis by \$ _____ each pay period.</p> <p><input type="checkbox"/> Initial Salary Reduction Agreement <i>Effective Date: _____ (allow at least one pay cycle to be effective.)</i></p> <p><input type="checkbox"/> Change Salary Reduction Agreement Old Amount: \$ _____ New Amount: \$ _____ <i>Effective Date: _____ (allow at least on pay cycle to be effective.)</i></p>		
Exchange (Stop and Start)	Terminate deductions to _____ for my _____ plan effective _____. <small>(insert investment provider) 403 (b) or 457 (select one)</small> Start deductions to _____ for my _____ plan effective _____. <small>(insert investment provider) 403 (b) or 457 (select one)</small>		
Money Source	<input type="checkbox"/> Employee Pre-Tax (403b) <input type="checkbox"/> Employee After-Tax (Roth 403b) Please note: Each <u>money source</u> change will require a separate form to be completed.		
Investment Provider <small>(Refer to the Approved Provider List on the WCS Web Page)</small>	Effective Date: _____ (Employee is responsible for establishing an account with an approved investment provider before any amounts are withheld.) Investment Provider Name _____ Contract/Account Number _____		
	<p>This agreement is intended to meet the requirement of, and qualify under, Section 403(b) of the Internal Revenue Code of 1986, as amended, and of the plan adopted by Employer. The Employer and Employee agree that the employment agreement between Employer and Employee is being initiated or amended as stated above. This amendment is incorporated and made a part of the agreement as of the effective date above.</p> <p>The terms of this Agreement are as follows: (1) The Agreement is a legal and binding contract and is irrevocable with respect to amount earned while it is in effect, and applies only to amounts earned while it is in effect; (2) It shall automatically apply to the employment agreement between Employer and Employee for each succeeding year unless amended or terminated by a written notice to Employer; (3) It is terminable at any time for amounts not earned; (4) A termination request remains in effect unless or until a new Agreement is submitted; (5) It replaces any previous Agreement and therefore includes all applicable contribution choices; (6) Employee irrevocably releases all present and/or future rights to receive payment of said sum/total earned from Employer while this agreement is in effect in exchange for the release of the money as pay it is being diverted to the employee account with the investment Provider identified above.</p> <p>The maximum amount of salary reduction may not exceed the limits of IRC 401 (a)(30), 402(g)(1), 403(b)(E), 415© and any other applicable IRC provisions.</p>		
Employee Signature		Date	