

**INDEPENDENT SCHOOL DISTRICT #317
ATTN: COLLEEN SCHUSSMAN
PO BOX 307
DEER RIVER MN 56636
218-246-2420 EXT 208**

SALARY REDUCTION AGREEMENT

_____ New 403B Account
_____ Change in existing 403B Account
_____ 403B Matching Fund Account
_____ Please stop my employee contribution of \$_____ per pay
period/month which is currently invested into_____

I am starting a new 403B plan with_____ effective_____ Date

<u>EMPLOYEE:</u>	<u>EMPLOYER MATCH:</u>	<u>TOTAL:</u>
_____ annual contribution	_____ annual match \$	= _____
_____ # of pay periods	_____ # of pay periods	= _____
_____ amount per pay period	_____ amount per pay period	= _____

EMPLOYEE NAME: _____ **DATE:** _____

Effective with the pay period starting_____ (date), I hereby request and authorize that my Salary be reduced by \$_____ per pay period plus the District Match of \$_____ per pay period for a total annual amount of \$_____.

Name of Company_____

Address_____

Employee signature_____

Company Representative_____

Employer signature_____

This Salary Reduction Agreement is legally binding and irrevocable. The employee certifies and agrees to determine on an annual basis that the salary reduction amount designated in this Salary Reduction Agreement and all other such agreements with ISD #317 meets all conditions required by Federal and State Statutes, including the annual and lifetime maximums.