

403(b) SALARY REDUCTION AUTHORIZATION (SRA) AND AMENDMENT

Pursuant to the provisions and conditions set forth on the back of this page, I hereby request and authorize the Payroll Department of the **Los Angeles County Office of Education** to reduce my salary by the amount indicated and direct the amount of such reduction to the Insurance and/or Mutual Fund Company specified below.

Employee Information

NAME OF EMPLOYEE (LAST NAME, FIRST NAME AND MIDDLE INITIAL)			SOCIAL SECURITY NUMBER <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
DATE OF BIRTH	DATE OF HIRE	WORK SITE				
WORK TELEPHONE NUMBER ()		HOME TELEPHONE NUMBER ()				
EMPLOYEE <i>TENTHLY</i> CONTRIBUTION: \$		EMPLOYEE ANNUAL CONTRIBUTION: \$		EFFECTIVE DATE OF CHANGE (DAY/MONTH/YEAR)		

Transaction Information CHECK ALL THAT APPLY:

<input type="checkbox"/> Increase in contribution amount	<input type="checkbox"/> Decrease in contribution amount	<input type="checkbox"/> Stop all contributions
<input type="checkbox"/> New Contribution	<input type="checkbox"/> Change in Company	<input type="checkbox"/> Additional Company

Vendor Company Information INSURANCE COMPANY / MUTUAL FUND TO RECEIVE 403(b) CONTRIBUTIONS:

NAME OF COMPANY			* VENDOR NUMBER	
AMOUNT \$	CHECK ONE: <input type="checkbox"/> Annuity Contract or <input type="checkbox"/> Custodial Account	<input type="checkbox"/> Increase <input type="checkbox"/> Cancel <input type="checkbox"/> Decrease <input type="checkbox"/> No Change	* 403b COMP NUMBER	
NAME OF COMPANY			* VENDOR NUMBER	
AMOUNT \$	CHECK ONE: <input type="checkbox"/> Annuity Contract or <input type="checkbox"/> Custodial Account	<input type="checkbox"/> Increase <input type="checkbox"/> Cancel <input type="checkbox"/> Decrease <input type="checkbox"/> No Change	* 403b COMP NUMBER	
NAME OF COMPANY			* VENDOR NUMBER	
AMOUNT \$	CHECK ONE: <input type="checkbox"/> Annuity Contract or <input type="checkbox"/> Custodial Account	<input type="checkbox"/> Increase <input type="checkbox"/> Cancel <input type="checkbox"/> Decrease <input type="checkbox"/> No Change	* 403b COMP NUMBER	
NAME OF COMPANY			* VENDOR NUMBER	
AMOUNT \$	CHECK ONE: <input type="checkbox"/> Annuity Contract or <input type="checkbox"/> Custodial Account	<input type="checkbox"/> Increase <input type="checkbox"/> Cancel <input type="checkbox"/> Decrease <input type="checkbox"/> No Change	* 403b COMP NUMBER	

* Visit LACOE's website <http://www.lacoe.edu/403b/> for the most current listing of 403b Compare/TSA Companies. SRA without a Vendor No. will be returned to the employee for completion. Please make sure the vendor number(s) are referenced from the **403b Annuities** or the **Custodial** list.

SALARY REDUCTION AUTHORIZATION AND AMENDMENT TO EMPLOYMENT CONTRACT

It is agreed that the wages earned or contract of employment between the Employer and the below-signed Employee is amended as of the Effective Date of change listed so that thereafter, the Employer is requested and authorized by Employee to reduce the amount of salary payments due to the Employee and to direct the amount of such salary reduction to the company indicated above for the purchase by that company of a 403(b) account for Employee under the provisions of Sec. 403(b) of the U.S. Internal Revenue Code and other applicable law.

This Agreement supersedes and replaces all previous Agreement(s) naming the issuer(s) and/or custodian(s) designated above. The Employee shall have no more than one SRA in effect at any time, listing all annuity contracts and/or custodial accounts to which payments are made by the Employer. The Employee understands that, in accordance with the regulations under the Internal Revenue Code, this Agreement may only be effective with respect to compensation received by or made available to the employee subsequent to the effective date (and the Employer approval) of the Agreement and shall not apply to compensation paid or made available before such date.

It is understood by the Employee that the Employer is authorized to utilize the services of a Third Party Administrator at the discretion of the Employer, and as such, The Employer may direct the amount of salary reduction from the Employee to the Third Party Administrator with the intent of having the Third Party Administrator distribute such funds to the company indicated above for the purchase by that company of 403(b) account.

It is understood and agreed by the Employee that to coincide with Internal Revenue Code 403(b) and other applicable laws and regulations, the Employer and/or Third Party Administrator may be required to share information with the 403(b) company pertinent to maintaining the compliance of the Employer's 403(b) plan. The information shared will not be shared with outside parties except where required by State or Federal law.

It is agreed that this Salary Reduction Agreement and Amendment to Employment Contract shall apply to any future wages/employment contracts or any amendment to the present or to any future wages/employment contract, providing that the Employee has the right, at any time, to revoke this Agreement in writing and submit such cancellation to the Employer in a timely manner.

The Employee understands that participation in a 403(B) plan is voluntary and agrees to hold harmless and indemnify the Employer from any and all damages that may result from the Employee's participation in the plan. As a participant of a voluntary 403(b) plan, the Employee will be held solely responsible for investment selection and control of assets in the Employee's account. No person who is otherwise a fiduciary shall be held liable for any loss which results from participation in the plan.

By signature below the Employee hereby agrees to the contract stipulations and authorizes the Employer to execute this Salary Reduction Authorization and Amendment to Employment Contract form.

SIGNATURE OF EMPLOYEE	DATE SIGNED
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ADVISOR NAME (IF APPLICABLE):	ADVISOR'S PHONE NUMBER ()
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NOTE: This form must be received by the TDS Group on or before the 1st of the month to be effective on the 5th of the following month's payroll warrant.

Please return this two-page completed, signed, and dated form to: The TDS Group 6939 Sunrise Blvd., Suite 209 Citrus Heights, CA 95610 Telephone inquiries: 800-542-5829

COMPLIANCE REVIEWED BY:	DATE
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