



Salary Reduction and Allocation Agreement

1. Employee Information

Name _____ Telephone# () _____
 Mailing Address _____ D.O.B. _____
 City _____ State _____ Zip _____ Social Security No. _____
 Date of Hire _____ E-Mail Address _____

2. Employer Information

Employer Name Sonoma Valley Unified School District Telephone# (707) 935-6000

CHECK ALL THAT APPLY

Plan Type: Section 403 (b) Tax Sheltered Annuity Section 457 Deferred Compensation Plan

3. Salary Reduction

Part A.

CHECK ALL THAT APPLY

New Participant Change of Company

Part B.

Subject to the annual contribution limits and other requirements of the Plan, I authorize my Employer to reduce my cash compensation in exchange for the prompt payment of an equal amount to Great American Plan Administrators, Inc., either directly or through a third party* (hereinafter referred to as the 'Remitter'), for deposit to a qualified annuity contract or custodial account as a salary reduction contribution under the Plan. The amount of such reduction and payment shall be as follows:

_____ (\$) for each pay period (List total amount) 10 Pay 11 Pay 12 Pay

4. Allocation of Contributions

Please indicate the annuity contract or custodial account to which contributions should be allocated. Allocations may only be made to an annuity contractor or custodial account that is approved for use with the Plan.

Company Name	Plan Type	Account Number	Dollar Amount
1.			\$
2.			\$
3.			\$
4.			\$

5. Effective Date

The Salary Reduction and Allocation Agreement shall take effect beginning with the pay warrant for the month of (MM/YYYY)

6. Duration

This Salary Reduction Agreement and Allocation replaces any earlier Salary Reduction and Allocation Agreement I have made under the Plan and shall be legally binding and irrevocable with respect to amounts earned while it is in effect. This Salary Reduction and Allocation Agreement will remain in effect as long as I remain an eligible employee under the Plan, or until I provide the Employer with a written request to end my salary reduction contributions or submit a new Salary Reduction and Allocation Agreement, as permitted under the Plan.

7. Authorization Agreement

I hereby authorize and direct the Remitter to remit contributions to the issuers of the annuity contracts and custodians of the custodial accounts in the amount/percentages listed above. These contributions will be forwarded by my employer to the Remitter pursuant to the directions provided by me above in accordance with procedures established by my employer.

I am permitted to modify the above listed amounts/percentages which are remitted to each annuity contract or custodial account, and such modification may only be affected by my completing and forwarding to the Remitter a new Salary Reduction and Allocation Agreement. Any modification I make may be subject to limitation by rules or regulations of the issuers of the annuity contracts and custodians of the custodial accounts, and I accept all responsibility for compliance with, and all responsibility or liability for noncompliance with, any such rules or regulations and hereby release and hold harmless the Remitter from any claims or liability which may arise as a result of my noncompliance with such rules or regulations.

I authorize my Employer to reduce or suspend any contributions established by this agreement, if in its opinion; the total annual contributions would exceed my Maximum Allowable Contribution in any calendar year, or as otherwise provided by the Plan.

I authorize my Employer and its agents to obtain information from the issuers of the annuity contracts and custodians of the custodial accounts for purposes relating to the maintenance or administrator of the Plan.

I acknowledge that my Employer has made no representation regarding the advisability, appropriateness, or tax consequences of the purchase of the annuity and/or custodial account described herein. I agree my Employer shall have no liability whatsoever for any and all losses suffered by me with regard to my selection of the annuity and/or custodial account, its terms, the selection of the insurance company, custodian, or regulated investment company, the financial condition, operation of or benefits provided by said insurance company, custodian, or regulated investment company, or my selection and purchase of shared of regulated investment companies.

Employee Signature:

Signature: _____ **Date:** _____

To Be Completed by Financial Advisor

I agree to comply with all pertinent written directives of Employer regarding the solicitation of Employees.

Name: _____ **Phone:** _____

Signature: _____ **Date:** _____