

**ARAPAHOE COUNTY SCHOOL DISTRICT #6**  
**dba LITTLETON PUBLIC SCHOOLS**  
**TAX-DEFERRED ANNUITY (TDA) PLAN (“403(b) Plan”)**  
**SALARY REDUCTION AGREEMENT (“Agreement”)**

**SECTION 1:**    \_\_\_ Original Agreement    \_\_\_ Modify Agreement    \_\_\_ Terminate Agreement

**SECTION 2: PERSONAL INFORMATION**

Name \_\_\_\_\_ Employee ID Number \_\_\_\_\_

Birth Date \_\_\_\_\_ Employment Location \_\_\_\_\_

**SECTION 3: AGREEMENT**

This Agreement is made between \_\_\_\_\_ and Littleton Public Schools (“LPS”).

**A. Regular Contributions**

Effective with the first pay date beginning after the Payroll Office or its designee receives this completed and signed Agreement or as soon as administratively practicable thereafter:

\_\_\_ I elect to defer receipt of the portion of my compensation indicated below and to have that portion contributed into the 403(b) Plan each pay period (complete one box):

- a flat dollar amount equal to \$\_\_\_\_\_ of my compensation contributed pre-tax or \$\_\_\_\_\_ of my compensation contributed after-tax (Roth election), or
- \_\_\_\_\_% of my compensation contributed pre-tax or \_\_\_\_\_% of my compensation contributed after-tax (Roth election).

**B. Catch-Up Contributions (for an individual who attains at least age 50 during this calendar year)**

\_\_\_ Notwithstanding the election set forth above, I elect to **increase** the amount of salary deferral by the additional amount each pay period set forth below:

- \$\_\_\_\_\_ of my compensation contributed pre-tax or \$\_\_\_\_\_ of my compensation contributed after-tax (Roth election).

**C. Discontinue Contributions**

\_\_\_ I elect to discontinue the deferral of my compensation into the 403(b) Plan. I understand that I may reconsider my decision for any future pay date by timely completing and returning a new Agreement to the Payroll Office or its designee.

I understand that the amounts deferred and allocated to TIAA under A. and B. above may not exceed the applicable limitations under the Internal Revenue Code.

This Agreement is legally binding and irrevocable as to any compensation while it is in effect. I understand that this Agreement will automatically be renewed each year (subject to any new dollar limitations), unless I notify LPS or its designee in writing or via TIAA’s electronic notification. LPS or its

designee will process the new Agreement or termination of Agreement as soon as administratively practicable after receipt.

Acceptance of this Agreement by LPS or its designee automatically terminates any prior Salary Reduction Agreement executed between me and LPS. This Agreement is not a contract of employment and does not modify or affect in any way the terms of my employment with LPS.

If I terminate employment with LPS, this Agreement shall automatically terminate but shall apply to any post-severance compensation still to be paid. If LPS terminates the 403(b) Plan, this Agreement shall automatically terminate.

I understand that if I am electing to defer a portion of my compensation under the age 50 catch-up provision, that I meet the requirements as described in the 403(b) Plan and do not exceed the maximum contribution limits. I understand that LPS is not responsible for calculating the contribution limits. LPS assumes no responsibility for the calculation of the amount deferred under the Internal Revenue Code.

I understand that the decision to participate in the 403(b) Plan and the fund(s) selected for investment purposes with TIAA are my own choice and not a result of LPS's advice or solicitation of participation. I understand that LPS does not warrant the success or appropriateness of any investment choice nor the tax consequences of my election.

I acknowledge that I have read and considered the available information provided by LPS and/or TIAA and am aware of the expenses, fees, and restrictions imposed on this type of fund(s).

**SECTION 4: TRANSACTION AUTHORIZATION**

Signed this \_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Printed Name

Accepted this \_\_\_ day of \_\_\_\_\_, 20\_\_

Arapahoe County School District #6  
dba Littleton Public Schools

BY: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title