MINNETONKA PUBLIC SCHOOLS
5621 County Road 101
Minnetonka, MN 55345

Salary Reduction Agreement for 403(b)/457 or Roth 457
2026

Employee Name_____ **Social Security #** _____

Part 1. Plan Type

☐ 403(b) Contribution (limit for 2026 is $24,500 employee money)

☐ 457(b) Contribution (limit for 2026 is $24,500 combination of employee and match money)

☐ Roth 457(b) Contribution (only available with MNDCP- no matching allowed contribution limit for 2026 is $24,500 of employee money)

☐ Yes, I am eligible for age 50 or older catch-up program and qualify under the 403(b)/457(b) or Roth 457. Catch-up limit for 2026 is $8,000 (Total contribution limit of $32,500)
- Effective January 1, 2026, the Secure 2.0 Act mandates that all catch-up contributions for high-income employees ($150,000 or greater in prior calendar year) must be made on an after-tax ROTH basis.

☐ Yes, I am eligible for age 60-63 catch-up program and qualify under the 403(b)/457(b) or Roth 457. Catch-up limit for 2026 is $11,250 (Total contribution limit of $35,750)
- Effective January 1, 2026, the Secure 2.0 Act mandates that all catch-up contributions for high-income employees ($150,000 or greater in prior calendar year) must be made on an after-tax ROTH basis.

Part 2. Contribution Information

☐ New Enrollment: Account Number_____ (account needs to be fully established)
☐ Contribution Change
☐ Contribution Cancellation

Part 3. Salary Reduction—changes will be done on the next available payroll as determined by the Payroll Department

$_____ per check _____% per check

Part 4. Service Provider
Please apply the above contribution enrollment/change to my account, which is set up through:

_____
(Name of 403(b)/457(b) or Roth 457 company)

☐ I would like any eligible District Match applied to the Service Provider named above. Matching allowed to 1 company only. Not allowed to match to a Roth 457(b)

(OVER)

Part 5. Agreement

By signing this Agreement, Employee agrees to modify his/her salary as indicated above and Employer agrees to contribute this amount on Employee's behalf into the 403(b)/457(b) or Roth 457 annuity(ies) or custodial account(s) selected by the Employee. It is intended that the requirements of all applicable state and federal tax rules and regulations (Applicable Law) will be met. The Employee understands and agrees that this Agreement:

1. Is legally binding and irrevocable with respect to amounts paid or available while it is in effect.
2. May be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new salary reduction agreement is submitted.
3. Is effective only for amounts not yet earned or made available in accordance with the Employer's administrative procedures.

Employee further agrees that: He/she is responsible for determining that his/her salary reduction amount does not exceed the limits of the Applicable Law; He/she is responsible for the accuracy of the information provided by Employee, which is used in determining Employee's Maximum Annual Contribution limit; and Employer has no liability for any losses suffered by Employee that resulted from his/her participation in the 403(b)/457(b) or Roth 457 program. Employee acknowledges that Employer has made no representation to Employee regarding advisability, appropriateness, or tax consequences of the purchase of the 403(b) program. Nothing herein shall affect the terms of employment between Employer and Employee. This agreement supersedes all prior salary reduction agreements and shall automatically terminate if your employment with the Employer is terminated.

Important Information

1. Employer does not choose the annuity contract(s) or custodial account(s) in which contributions are invested.
2. Employees are responsible for setting up and signing the legal documents to establish the annuity contract or custodial account. However, in certain group annuity contracts, Employer may be required to establish the contract.
3. In order to receive the expected tax results, Employees are responsible for investing in annuity contracts or custodial accounts that meet the requirements of Section 403(b)/457(b) or Roth 457 in the Internal Revenue Code.
4. Employees are responsible for naming a death benefit under the 403(b)/403(b) Roth/457 program. This is normally done at the time the annuity contract or custodial account is established. Beneficiary designations should be reviewed periodically.
5. Employees are responsible for all distributions and any other transactions with their service provider. All rights under the annuity contracts or custodial accounts are enforceable solely by the Employee, Employee Beneficiary or Employee's Authorized Representative. Employee must work directly with the service provider to transfer contract(s) or custodial accounts(s) to another service provider, begin distributions, and make loans, or otherwise access 403(b)/457(b) or Roth 457 program assets.
6. Employees are responsible for determining that salary reductions do not exceed the allowable contribution limits under Applicable Law. Limits should be checked each year for scheduled increases.

Read Before You Sign: By signing this Agreement, you are declaring that the amount you have elected to withhold does not exceed the allowable contribution limits under Applicable Law. If selected in Part 1 above, you are declaring that you are eligible for one or both catch-up elections as indicated. And you are accepting full responsibility for the amount you have elected to have withheld from your salary and contributed to the 403(b)/457(b) or Roth 457 arrangement.

Disclaimer – Other Fees: If an investment company does not agree to pay the third-party administrator's fee associated with this employer's 403(b) Plan the fee, upon consent of the employer, shall be passed along to the 403(b) participant.

Part 6. Employee Signature

I certify that I have read this complete Agreement and that my salary reductions do not exceed contribution limits as determined by Applicable Law. I also certify that I am eligible for the catch-up election(s), if selected, under Part 1 above. I understand my responsibilities as an Employee under the 403(b)/457(b) or Roth 457 programs, and I request that my Employer takes the action specified in this Agreement. I understand that all rights under annuity(ies) or custodial account(s) established by me under the 403(b)/457(b) or Roth 457 program are enforceable only by me, my beneficiary, or my authorized representative

_____ _____

(Signature of employee) (date)

Part 7. Employer Acknowledgement

Processed by_____ Payroll date_____

(initials)