MAHTOMEDI PUBLIC SCHOOLS

ENROLLMENT FORM
REQUEST AND AUTHORIZATION OF 403b or 457b PLAN BY SALARY

EMPLOYEE INFORMATION:

_____ _____-_____-_____
Employee's Name (Print) Employee's Social Security Number

_____
Effective Date (Start/Change/Stop) Employee's Bargaining Group: _____

CONTRIBUTION INFORMATION (Fill in all that apply)

SALARY REDUCTION Please check box:				SERVICE PROVIDER (See list of allowed TSA vendors.)	EMPLOYEE CONTRIBUTION	DISTRICT MATCH
Type	New	Char	Stop		Amt or %/check	Amt or %/check
403(b)				**Fidelity Funds**	**$**	**$**
403(b)				**Fidelity Funds – ROTH***	**$**	[redacted]
403(b)				**EFS Advisors**	**$**	**$**
403(b)				**EFS Advisors – ROTH***	**$**	[redacted]
403(b)				**Ameriprise**	**$**	**$**
403(b)				**Ameriprise – ROTH***	**$**	[redacted]
403(b)				**Met Life**	**$**	**$**
403(b)				**Met Life – ROTH***	**$**	[redacted]
403(b)				**VOYA**	**$**	**$**
403(b)				**VOYA – ROTH***	**$**	[redacted]
457(b)				**MN Deferred Comp (Roth)**	**$**	**NO MATCH**
ROTH match goes to traditional investment				**TOTALS**	**$**	**$**

Tax Year	Annual Deferral Amt	Annual Catch-up Amt	Annual Catch-up Amt (age 60-63)
2026	$ 24,500	$ 8,000	$11,250
2027	$ 25,500	$ 8,500	$11,750

☐ Age 50 Catch-Up ☐ Age 60-63 Catch-Up

- I respectfully request that my employment arrangement be modified to substitute the purchase of a 403b plan by the employer in lieu of a portion of the compensation otherwise payable directly to me so that I may obtain the benefit of Section 403 (b) of the Internal Revenue Code as amended.
- I waive the right which I would otherwise have had to receive the amounts of such 403b deposits so paid by (District No. 832) except (1) the right of my estate upon my death while in your employ, or (2) the right personally upon termination of employment by reason other than my death, for which I have rendered services but which has not then been credited to said 403b contract.
- It is specifically agreed and understood that Minnesota Statutes, Sec. 125.12 (the Teachers' Continuing Contract Law) is not applicable hereto and that the school district shall have no liability there because of its purchase of this contract.
- Upon the School District accepting my above request, I fully authorize it to do all things necessary to carry it out in accordance with the foregoing provisions.

I certify that I have read this complete agreement and that my salary reductions do not exceed contribution limits as determined by Applicable law:

_____
Signature of Employee Date Account #

Mahtomedi Public Schools, ISD #832 By:_____Date_____
Employer Authorized Representative

This agreement shall be legally binding and irrevocable as to both Employer and Participant with respect to amounts earned while the agreement is in effect while employment continues; however, either party may change or terminate this agreement so that it will not apply to salary subsequently earned.

If the Participant terminates employment with the Employer, this agreement shall automatically terminate according to the terms of the employment contract.

If the Employer terminates the 403(b) program, this agreement shall automatically terminate.

The Participant agrees that the Employer shall have no liability whatsoever for any loss suffered by the Participant regarding his or her selection of an investment company, or by reason of the Employer's transmittal of contributions, providing they are transmitted in accordance with the terms of the 403(b) program.

a. The Participant understands that:
b. The Employer is executing this agreement to provide the Participant with an opportunity to benefit from the provisions of Section 403(b),
c. The Employer does not recommend to the Participant that he or she participate in the 403(b) program,
d. The Employer does not warrant any tax consequences to the Participant,
e. All computations in connection with the determination of the amount of salary reduction hereby authorized, including the amount of maximum exclusion allowance, includible compensation and years of service pursuant to such 403(b) shall be the responsibility of the Participant and are based on information to be furnished by the Participant.

Choice of 403(b) Products: Mahtomedi Public Schools

Note: You must create an account with a vendor of your choice **BEFORE** submitting any paperwork to the Mahtomedi Payroll Department. Once you have your account set up then request a 403b enrollment form from payroll to begin the withholding from your paycheck.

Ameriprise: 612-671-9598
Agent/Manager – Richard Tesch
Richard.a.tesch@ampf.com

EFS Advisors: 651-439-3131
Advisor – Charlie Mylrea charliem@efsadvisors.com
Advisor – Jay Higgins jmth@efsadvisors.com
Advisor – Matt Kempenich mattk@efsadvisors.com

Fidelity: 1-800-343-0860 Account #87203
*Fidelity is designed for participants who wish to self-direct their own 403(b) investments.
www.403b.com
When setting up this account, up must give them the district's account number, 87203.

Met Life: 952-473-2921 Call Center: 1-800-543-2520
Agent/Advisor – Marvin Vike
Mavin.vike@metlife.com

VOYA: Mahtomedi VOYA www.vfa-mn.com
Advisor – Brian Jakubiak Brian.Jakubiak@voyafa.com 612-887-3861
Advisor – Juliette Marth Juliette.marth@voyafa.com 612-887-3904