



Penn-Harris-Madison School Corporation
55900 Bittersweet Road
Mishawaka, IN 46545

403B SALARY REDUCTION AUTHORIZATION FORM

Before you sign: Read all of the information on this form.

New: _____ Change: _____

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

Employee's Position _____ School Location _____

I hereby request Penn-Harris-Madison School Corporation to reduce my bi-weekly salary/wage and contribute to a non-forfeitable 403(b) contract.

Company _____

Effective Date _____

Name of Agent _____ Telephone Number of Agent _____

Penn-Harris-Madison School Corporation will reduce the amount of cash payment to me under this 403(b) contract in the amount of \$ _____ per pay for _____ pays for a total of \$ _____

*Annuity companies will not accept payroll deductions until an account is opened for you. It is the responsibility of the employee along with his/her agent to be sure that any new accounts have been set up correctly prior to your first payroll deduction. Confirmation of all new accounts is required.

CANCEL: I hereby request that Penn-Harris-Madison School Corporation Cancel my 403(b) deduction with (Company) _____ Amount _____ Effective Date _____

I hereby acknowledge that the amount of the 403(b) salary/wage reductions requested above was determined by me or by my personal tax advisor or consultant. Additionally, I acknowledge that Penn-Harris-Madison School Corporation has not made any representations or promises to me that the wage reduction stated above is within the limits permitted under the Internal Revenue Code and the regulations hereunder or any representations regarding the financial condition of any 403(b) vendor. Additionally, I understand that I am solely responsible for the selections of the 403(b) vendor and the determinations of the salary reduction amount requested above and hereby agree to hold Penn-Harris-Madison School Corporation, its administrators, school board and employees, harmless from any and all liability that may be associated with the salary/wage reduction or the selection of the 403(b) annuity vendor requested above.

Employee's Signature _____ Date _____

Implementation date: Salary reduction instructions shall be implemented on the first pay of the month following receipt of this document provided the first pay of the following month is at least two (2) weeks from the receipt of this document.

FOR PAYROLL USE ONLY: Entered by: _____ Date Received: _____ Effective Pay Date: _____