

**M.S.D. OF SOUTHWEST ALLEN COUNTY
SALARY REDUCTION AGREEMENT FOR TAX SHELTERED ANNUITY**

Employee Name (First, M.I., Last)

Employee Address (Street, City, State, Zip)

Employee's Date of Birth

Employee's Social Security Number

Employee Number

AUTHORIZATION TO MAKE SALARY REDUCTIONS

I HEREBY DIRECT MY EMPLOYER, M.S.D. of Southwest Allen County to purchase an annuity contract for me under the MSD of southwest Allen County 403(b) Plan by reducing my salary in the amount of:

\$ _____ *per pay* for the total of \$ _____ *per year*.

INVESTMENT DIRECTION:

I direct Southwest Allen to forward the amount by which my salary is being reduced to the following vendor(s):

26 Pays

52	403b ASP	<i>Mark Grieger</i>	\$
82	American Fidelity Assurance Co.	<i>Shawn Shepherd</i>	\$
69	AXA Life Assurance Co.	<i>Frank Shoener</i>	\$
60	Lincoln Life Insurance Co.	<i>Randy Chin</i>	\$
89	Metropolitan Life Insurance Co.	<i>James Abels</i>	\$
79	Varity Annuity Life Ins. Co. (VALIC)	<i>Steven Hull</i>	\$

19 - 20 Pays

12	403b ASP	<i>Mark Grieger</i>	\$
42	American Fidelity Assurance Co.	<i>Shawn Shepherd</i>	\$
29	AXA Life Assurance Co.	<i>Frank Sheoner</i>	\$
20	Lincoln Life Insurance Co.	<i>Randy Chin</i>	\$
49	Metropolitan Life Insurance Co.	<i>James Abels</i>	\$
39	Varity Annuity Life Ins. Co. (VALIC)	<i>Steven Hull</i>	\$

I verify that I have read and will abide by this agreement. I also confirm that all of the calculations are accurate.

Date

Employee's Signature

Date

Signature of Agent if applicable

Notice: You must complete this form to have a valid salary reduction Agreement. However, this is not a substitute for any forms your agent or vendor may require in Addition to this form. Check with your agent or vendor for any additional forms that may be needed.

This form must be returned to Diane Wilson/Business Office to be processed.