

VOLUNTARY SALARY DEFERRAL AGREEMENT

This form has been provided to you as an employee at Aldine Independent School District. By completing and submitting this form to your District Benefits Department, you are enrolling in the 457(b) Retirement Savings Plan administered by PARS in association with your employer. If you have any questions, please contact the PARS Plan Support department at (800) 540-6369.

1. Employee Information

Full Legal Name:

Date of Birth:

SSN:

Street Address:

City:

State:

Zip:

Phone: ()

Email:

2. Beneficiary Designation

Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Other: _____

- The Plan requires that if you are married or have a registered domestic partner (RDP), your surviving spouse/RDP will be your sole primary beneficiary, unless your spouse/RDP waives this right.
- If you wish to designate a Trust or a person other than your spouse/RDP as your sole primary beneficiary, you must obtain notarized consent from your spouse/RDP. Failure to obtain your spouse/RDP's consent in this instance will render this designation invalid. Any consent by a spouse/RDP applies only to that spouse and not to any future spouse/RDP.
- You are considered married if you are under decree of separate maintenance or decree of legal separation.
- If the location of your spouse/RDP is unknown, you must contact PARS for an additional Affidavit to complete.

Beneficiary Percentage:

%

☐ **Primary**

☐ **Secondary**

Name:

SSN:

Date of Birth:

/ /

Phone: ()

Relationship:

Sex:

Address:

City:

State:

ZIP:

Beneficiary Percentage:

%

☐ **Primary**

☐ **Secondary**

Name:

SSN:

Date of Birth:

/ /

Phone: ()

Relationship:

Sex:

Address:

City:

State:

ZIP:

Spousal/Registered Domestic Partner Consent – *Must be Notarized**

I hereby consent to the above beneficiary designation of my spouse, a participant of this Plan. I understand that in consenting to the designation of anyone except myself as primary beneficiary, I am waiving my rights to a survivor benefit that I would legally be entitled to at a later date.

Spouse/Registered Domestic Partner Signature:

Date:

**NOTICE: Please have the notary attach a separate acknowledgement to notarize Spousal/Registered Domestic Partner Signature.*

3. Contribution Election

<input type="checkbox"/> I elect to participate and defer the following dollar amount of compensation per month:	\$
<input type="checkbox"/> I elect to change my contribution amount to the following dollar amount until further notice:	\$
<input type="checkbox"/> I elect to stop my contributions immediately (proceed to "Agreement & Consent" section):	\$

Frequency of Pay: ☐ Monthly ☐ Bi-Weekly ☐ Other (describe):

4. Catch-Up Contribution Election

Separate from the above, qualifying individuals under either of the below criteria are eligible to optionally defer an additional portion of their salary. If selected, the total amount of salary deferral will be increased by the following amounts:

<input type="checkbox"/> I am age 50 or over, and defer the additional amount of:	\$
<input type="checkbox"/> I am in 1 of the last 3 years prior to normal retirement age, and defer the additional amount of:	\$

5. Investment Selection

A variety of investment options are available for your specific risk-tolerance level. You may select either a managed portfolio option, whose investment advisor is TCG Investment Advisory Services LP, or select any combination of the individual fund options. Note that individual fund selections must total to 100%. Current composition/allocation information is available by contacting the PARS Plan Support department.

Notice

I understand that if I elect a Managed Investment Portfolio, my contributions will be invested in a portfolio managed by the Aldine Independent School District, whose investment advisor is TCG Investment Advisory Services LP. I understand that it is my responsibility to review the investment portfolio allocation online and that such allocation is subject to change. I understand that if I have not designated an investment option, my deferral will automatically be invested in the Wells Fargo Stable Return Fund. I further understand that once my enrollment is processed, I will receive a confirmation letter from PARS confirming that my account has been established and I can go online to www.pars.org to change my investment allocations and manage my own investments at any time. All changes in investments will apply to future deferrals. If you do not receive a confirmation letter from PARS within two weeks of submitting your enrollment form, please call PARS at (800) 540-6369.

Managed Portfolio Options

- ☐ Vanguard Lifestrategy Income
- ☐ Vanguard Lifestrategy Moderate Growth
- ☐ Vanguard Lifestrategy Growth

Individual Fund Options — Selections must total 100.00%

Fund Name	Ticker	Selection %	Fund Name	Ticker	Selection %
<input type="checkbox"/> Blackrock Total Return K	MPHQX	%	<input type="checkbox"/> TIAA-CREF Lifecycle Index 2050 Instl	TLLIX	%
<input type="checkbox"/> DFA Continental Small Co.	DFCSX	%	<input type="checkbox"/> TIAA-CREF Lifecycle Index 2055 Instl	TTIIX	%
<input type="checkbox"/> DFA Intermediate Govt F/I	DFIGX	%	<input type="checkbox"/> TIAA-CREF Lifecycle Index 2065 Instl	TVIIX	%
<input type="checkbox"/> DFA Short Term Extended Quality I	DFEQX	%	<input type="checkbox"/> TIAA-CREF Lifecycle Index 2075 Instl	TFITX	%
<input type="checkbox"/> DFA US Large Cap Value	DFLVX	%	<input type="checkbox"/> TIAA-CREF Lifecycle Index Ret Inc Instl	TRILX	%
<input type="checkbox"/> DFA US Large Company	DFUSX	%	<input type="checkbox"/> Vanguard Emerging Mkts Stock Idx Adm	VEMAX	%
<input type="checkbox"/> DFA US Small Cap Value	DFSVX	%	<input type="checkbox"/> Vanguard Global Equity	VHGX	%
<input type="checkbox"/> Fidelity Large Cap Growth Index	FSPGX	%	<input type="checkbox"/> Vanguard Lifestrategy Cnsrv Gr Inv	VSCGX	%

<input type="checkbox"/> TIAA-CREF Lifecycle Index 2020 Instl	TLWIX	%	<input type="checkbox"/> Vanguard Lifestrategy Growth Inv	VASGX	%
<input type="checkbox"/> TIAA-CREF Lifecycle Index 2025 Instl	TLQIX	%	<input type="checkbox"/> Vanguard Lifestrategy Income Inv	VASIX	%
<input type="checkbox"/> TIAA-CREF Lifecycle Index 2030 Instl	TLHIX	%	<input type="checkbox"/> Vanguard Lifestrategy Moderate Gr Inv	VSMGX	%
<input type="checkbox"/> TIAA-CREF Lifecycle Index 2035 Instl	TLYIX	%	<input type="checkbox"/> Vanguard Small cap Index Adm	VSMAX	%
<input type="checkbox"/> TIAA-CREF Lifecycle Index 2040 Instl	TLZIX	%	<input type="checkbox"/> Victory Fund for Income I	VFFIX	%
<input type="checkbox"/> TIAA-CREF Lifecycle Index 2045 Instl	TLXIX	%	<input type="checkbox"/> Wells Fargo Stable Return Fund	949907505	%

Fee Disclosure

The 457 Savings for Retirement Plan is being offered through Aldine Independent School District. TCG Investment Advisory Services LP has been hired by the District as the investment advisor and fiduciary to the plan and receives an advisory fee of .45% of account assets valued at \$0 to \$5,000,000, 0.35% of account assets valued at \$5,000,001 to \$10,000,000, 0.25% of account assets valued at \$10,000,001 and above. PARS is the Trust Administrator and handles the ongoing administration of the Plan for annual fees equal to 0.95% of account assets valued at \$0 to \$2,500,000, 0.75% of account assets valued at \$2,500,001 to \$5,000,000, 0.50% of account assets valued at \$5,000,001 to \$20,000,000. A one-time distribution fee of \$15.00, an additional charge of \$20.00 for stop-payment requests, a \$5.00 charge for a 1099-R reissue and a \$50.00 charge for any 1099-R revisions will be applied where applicable. All fees will be deducted directly from participant accounts. I understand that these fees will be deducted from my account.

6. Agreement & Consent

By this Agreement, made between the undersigned District (the "Employer") and the undersigned participant (the "Employee"), the parties hereto agree as follows:

Effective with respect to amounts paid or otherwise made available to the Employee, subsequent to the execution of this Agreement, the Employee's salary will be reduced by the amount(s) indicated above. At the same time, the Employer will transmit the reduction amount to the Employee's account(s) maintained under the eligible Internal Revenue Code Section 457(b) Deferred Compensation Plan.

This Agreement shall be legally binding and irrevocable for both the Employer and the Employee with respect to amounts paid or otherwise made available while this Agreement is in effect. Either party may modify or otherwise terminate this Agreement as of the first pay period commencing with or during the first month following receipt of satisfactory written notice of such modification or termination by giving at least 30 days written notice so that this Agreement will not apply to subsequent amounts paid or otherwise made available.

The amount hereunder will produce a total deferral that does not exceed the applicable limitations of Internal Revenue Code Section 457(b) and Internal Revenue Code Section 414(v). I authorize my Employer to reduce my salary by the above amount, which will be credited to my account under the Plan. I have completed this Agreement with true and correct information and understand and agree to the provisions stated above. I further understand that neither my Employer, PARS, TCG Investment Advisory Services LP, nor Charles Schwab are responsible for any losses that arise out of participation in the Plan.

Agency Signature:

Agency:

Aldine Independent School District

Participant Signature:

Date: