



Montgomery County Public Schools §403(b) Salary Reduction Agreement

MCPS Use Only
Initials:
Date Input:

Section I		Employee Information (please print)		Today's Date: / /	
MCPS Employee ID(required)	First Name	Last Name	Work Location		
Date of Birth	Date of Hire	Home Phone	Work Phone		
/ /	/ /	()	()		

Section II		Contribution Information			
<input type="checkbox"/> New Agreement	Effective Date: / /	Contribution: % or \$ per pay <small>(Contributions should not exceed 75% of gross pay)</small>		Acct. # _____ <small>(required for new accounts)</small>	
Please select one vendor	<input type="checkbox"/> VALIC	<input type="checkbox"/> Lincoln Financial Group	<input type="checkbox"/> TIAA-CREF		
	<input type="checkbox"/> ING	<input type="checkbox"/> Morgan Stanley Smith Barney	<input type="checkbox"/> T. Rowe Price		
	<input type="checkbox"/> MetLife Resources	<input type="checkbox"/> Fidelity Investments	<input type="checkbox"/> Hendershot Financial <i>(Lincoln Investment)</i>		

<input type="radio"/> Change my existing Salary Reduction Agreement <i>(same vendor, new deferral amount)</i>	Change from % or \$ per pay TO % or \$ per pay		Effective Date: / /		
Please select one vendor	<input type="checkbox"/> VALIC	<input type="checkbox"/> Lincoln Financial Group	<input type="checkbox"/> TIAA-CREF		
	<input type="checkbox"/> ING	<input type="checkbox"/> Morgan Stanley Smith Barney	<input type="checkbox"/> T. Rowe Price		
	<input type="checkbox"/> MetLife Resources	<input type="checkbox"/> Fidelity Investments	<input type="checkbox"/> Hendershot Financial <i>(Lincoln Investment)</i>		
<input type="radio"/> Cancel/Suspend contributions to my existing vendor	Stop Date: / /	<input type="radio"/> Restart contributions to existing account	Restart Date: / /		
Please select one vendor	<input type="checkbox"/> VALIC	<input type="checkbox"/> Lincoln Financial Group	<input type="checkbox"/> TIAA-CREF		
	<input type="checkbox"/> ING	<input type="checkbox"/> Morgan Stanley Smith Barney	<input type="checkbox"/> T. Rowe Price		
	<input type="checkbox"/> MetLife Resources	<input type="checkbox"/> Fidelity Investments	<input type="checkbox"/> Hendershot Financial <i>(Lincoln Investment)</i>		

Notice for those employees age 50 or older in 2012

MCPS will automatically increase the contribution limit to the standard + age 50 dollar amount for those employees that will be age 50 or older by December 31, 2012

Section III Employee Signature

I elect to contribute to the Montgomery County Public Schools Tax Sheltered Savings Plan ("the Plan") and hereby direct Montgomery County Public Schools (MCPS) to reduce my salary each pay period, by the amount or percentage elected in Section II, and to remit such salary reduction contributions to the vendor indicated in Section II, to be invested in such assets as I may designate from time to time. I understand and agree that:

- This Agreement is binding and irrevocable with respect to amounts paid or made available while this Agreement is in effect;
- This Agreement shall remain in effect for the duration of my employment with MCPS or until changed or terminated by me or MCPS in accordance with the procedures outlined in the Plan document;
- I may change vendor or salary reduction contribution amount, or terminate this Agreement altogether, at any time with respect to amounts not yet paid or made available by completing this Agreement and delivering it to the MCPS Employee and Retiree Service Center (ERSC). Any such change in vendor or salary reduction contribution amount shall be effective as of the next regularly scheduled pay date occurring at least 10 days after the Agreement is properly delivered to MPCS; and
- I am responsible for performing, or having performed on my behalf, the calculations to determine my maximum annual contribution amount;
- MCPS is not responsible for my selection of investment products or for the investment performance of any products selected by me.

By signing this Salary Reduction Agreement, I certify that my salary reduction contributions do not exceed the maximum annual contribution limits of Sections 415(c)(1), 402(g) and 414(v) of the Internal Revenue Code.

Employee Signature: _____ **Date:** ____/____/____

Incomplete Salary Reduction Agreements will be returned to Employee

Completed form should be delivered to: MCPS/ERSC, Attn.: Transaction Unit, 45 W Gude Drive, Suite 1200, Rockville, MD 20850