

**FRANKLIN NORTHEAST SUPERVISORY UNION 403(b) PLAN
403(b) PLAN
SALARY REDUCTION AGREEMENT**

Employee Information

Name _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____-_____-_____

Check one:

- New agreement** (complete salary reduction/deferral amount below)
- Change current agreement** (complete salary reduction/deferral amount below)
- Cancel prior agreement.** I will contact the Plan Administrator if I decide to restart a 403(b) salary deferral.
- Do not want to participate** - I have been informed that I can participate in the 403(b) plan and hereby elect not to participate at this time. I am aware that I can start a 403(b) salary deferral any month during my employment and will contact the Plan Administrator if I decide to participate.

Salary reduction/deferral amount. This agreement is effective immediately upon acceptance by the Plan Administrator, and I may modify the agreement monthly. I authorize the employer to withhold from my compensation (and treat as my deferrals) the following amount:

- _____% of my compensation, per payroll.
- \$_____, per payroll or year (circle one).

Payroll Effective Date: _____/_____/_____ (Leave blank. The Plan Administrator will insert the date.)
Mo Day Year

Minimum annual deferral amount is \$200.

Compensation to which agreement applies. This agreement covers all compensation.

Duty to review pay records. I understand I have a duty to review my pay records (pay stub, etc.) to confirm the employer properly has implemented my salary reduction election. Furthermore, I have a duty to inform the Plan Administrator if I discover any discrepancy between my pay records and this Salary Reduction Agreement. I understand the Plan Administrator will treat my failure to report any withholding errors for any payroll to which my Salary Reduction Agreement applies, by the cutoff date for the next following payroll, as my affirmative election to defer the amount actually withheld (including zero). However, I thereafter may modify my deferral election prospectively, consistent with the Plan terms.

Authorization

Signature of Employee Date

William E. Samuelson Date
FNESU Business manager
Plan Administrator

PLEASE RETURN THIS FORM TO THE PLAN ADMINISTRATOR