



403(b) Distribution/Rollover Authorization Form

Participant Instructions

The 403(b) Distribution/Rollover Authorization Form must be submitted to National Benefit Services, LLC (NBS), the third party administrator, to authorize a distribution or rollover of 403(b) funds from your employer or former employer's plan. Hardship distributions require submission of a different form. **Your investment provider may require its own paperwork in addition to this form. You may wish to attach your investment provider's paperwork to this form.** All attached forms or paperwork will be forwarded to the investment provider indicated on page 2 unless you clearly indicate otherwise.

To expedite your authorization request approval, please include a copy of the following if applicable:

- Driver's License or Birth Certificate (qualifying event based on age: 59 ½ or RMD 70 ½)
- Termination letter on district letterhead (qualifying event: Separation from Service or Retirement)

Upon completion, fax (1-800-597-8206), email, or mail a copy of the form to National Benefit Services, LLC. Inquiries regarding the status of your distribution or rollover may be directed to NBS at 1-800-274-0503 ext 5 After this form has been received by NBS in good order, it will be forwarded to your provider within 5 business days. After paperwork has been forwarded to your investment provider, inquiries should be directed to your provider. Submission of this form does not affect any existing salary reduction arrangements you currently maintain with your employer. If you wish to discontinue or direct future contributions to a new vendor you must complete a corresponding new salary reduction agreement (SRA). An SRA form can be found at the website www.nbsbenefits.com/403b.

Investment Provider Instructions

NBS represents this participant (or beneficiary) is eligible to distribute or rollover his or her 403(b) funds in accordance with the employer's plan and the 403(b) Provider/Information Sharing Agreement (Agreement) entered into by your company and NBS, provided that NBS has signed on page 2. NBS reserves the right to not sign surrendering or receiving vendor paperwork according to the ISA (if applicable).

403(b) Distribution/Rollover Authorization Form



1 Participant Information

Participant Name		Participant Email Address	
Participant Mailing Address, City, State, Zip Code		Employer Name	Employer State
Personal Phone Number	Work Phone Number	Date of Birth	Social Security Number
Financial Advisor/Agent Name		Financial Advisor/Agent Phone Number	

2 Reason(s) for Withdrawal

Select all applicable reasons for withdrawal and the date of the applicable event. If none of the events listed below apply to you, you may not be eligible for a distribution or rollover. You may still be eligible to exchange 403(b) amounts to a different investment provider using 403(b) Exchange Authorization Form. Contact your investment provider, financial advisor, or NBS for additional information. Note that QDROs may require additional processing time. Retirement is considered termination of employment if you are no longer working for the Sponsoring Employer.

Distributable Event:

- | | |
|--|-------------------------------|
| <input type="checkbox"/> Age 59 ½ Distribution | Date of Event: _____ |
| <input type="checkbox"/> Separation of Service (no longer working for the Sponsoring Employer)
<i>*Refer to Section 4 regarding penalty for early distributions</i> | Date of Event: _____ |
| <input type="checkbox"/> Required Minimum Distribution - age 70 ½ | Date of Event: _____ |
| <input type="checkbox"/> Death of participant (provide documentation) | Date of Event: _____ |
| <input type="checkbox"/> Disability (must be long-term and result in inability to work; provide documentation) | Date of Event: _____ |
| <input type="checkbox"/> QDRO (provide documentation) | Date of Event: _____ |
| <input type="checkbox"/> Correction of excess contribution or deferral | Amount: _____ Tax Year: _____ |

3 Source of Assets

Indicate the investment provider that currently holds the assets you wish to distribute or rollover. This form will be sent to the investment provider below unless instructed otherwise.

Investment Provider	Account Number	Phone Number
Mailing Address City, State, Zip Code		Fax Number

4 Participant/Beneficiary Approval

I recognize that the information contained on and attached to this form may be shared with a third party (including National Benefit Services, LLC) as necessary to administer the Plan in accordance with the Internal Revenue Code. I authorize the release of non-public information pertaining to the above accounts and transaction to NBS representatives as necessary to administer the Plan. I certify that the information I have provided is accurate. I understand that taxes and tax withholding may apply to any distribution I receive that is not rolled over. Additionally, a 10% IRS penalty may be assessed for early distributions. (Consult with a tax advisor for tax-related questions.)

Participant Signature (or Beneficiary Signature if participant is deceased) (Required) _____ Date _____

5 For NBS Use Only

NBS Signature (Required) _____ Vesting % (if required) _____ Date _____



403(b) Salary Reduction Agreement

Participant Instructions

The Salary Reduction Agreement (SRA) is used to establish, change, or cancel salary reductions withheld from your paycheck and contributed to the 403(b) Plan on your behalf. The SRA is also used to change the investment providers that receive your contributions. Upon completion, fax or mail a copy of the form to National Benefit Services, LLC. Please note that this form is not valid unless all applicable sections are completed and you have signed the form. If you have questions regarding this form, please call 1-800-274-0503 ext 5.

Upon completion, fax (1-800-597-8206), email, or mail a copy of the form to National Benefit Services, LLC.

Please allow 5 business days for processing. Salary Reduction Agreements received less than 5 business days prior to the SRA due date are not guaranteed to be processed for that SRA due date.

Important Information

The Employee agrees to indemnify and hold the Employer and National Benefit Services, LLC (NBS) harmless against any and all actions, claims, and demands that may arise from the purchase of annuities or custodial accounts in this 403(b) Plan. The Employee acknowledges that neither the Employer nor NBS have made representation to the Employee regarding the advisability, appropriateness, or tax consequences of the purchase of the annuity and/or custodial accounts. The Employee agrees that neither the Employer nor NBS shall have any liability for any and all losses suffered by the Employee with regard to his/her selection of the annuity and/or custodial account; its terms; the selection of the insurance company or regulated investment company; the solvency of, operation of, or benefits provided by said insurance company or regulated investment company; or his/her selection and purchase of shares of regulated investment companies.

The Employer reserves the right to alter terms of this Agreement as required to facilitate program compliance with state and federal law.

The Employer does not choose the annuity contract or custodial account in which the Employee's contributions are invested.

The Employee is responsible for setting up and signing the legal documents to establish the annuity contract or custodial account.

In order for the Employee to receive the expected tax results, the annuity contract or custodial account established must meet the requirements of Section 403(b) of the Internal Revenue Code. It is solely the Employee's responsibility to establish the proper type of contract or account for this purpose.

The Employee is responsible for naming a death beneficiary under the annuity contract or custodial account. This is normally done at the time the contract or account is established, although the designation should be reviewed from time to time.

The Employee is responsible for investment decisions, distributions, and any other transactions with the insurance company or investment company and shall have total responsibility for all distributions and any resulting tax consequences. All rights under the contract or account are enforceable solely by the Employee, the Employee's beneficiary, or the Employee's authorized representative.

The insurance or investment company may be required to receive approval from the Employer or National Benefit Services, LLC, prior to executing certain transactions including loans, hardships, distributions, or transfers (as permitted by the Plan).

The Employee understands that information contained in this Agreement and other non-public information may be shared with the Employer's designated third-party administrator in conjunction with the operation of the 403(b) Plan.

Retain a copy of this form for your records.

403(b) Salary Reduction Agreement



1 Personal Information

Participant Name _____		Employer Name _____	
Participant Mailing Address, City, State, Zip Code _____		Phone Number _____	
Date of Birth _____	Date of Hire _____	Email Address _____	Social Security Number (required) _____

2 Salary Reduction

The Salary Reduction Agreement (SRA) is to be used to establish, change, or cancel salary reduction withheld from your paycheck and contributed to the 403(b) plan on your behalf. To change, begin, or cancel contributions, enter your desired amount(s) and investment provider(s). **This SRA will cancel and replace any previously submitted SRA. You must list all new and existing deductions on this SRA form or they will be cancelled.** The salary reductions identified in the space below will be the only deductions performed starting on the Effective Date.

Investment Provider Name*	Monthly Dollar or Percentage Amount	Type of Deferrals			Requested Action		Effective Date**
		Pre-Tax 403(b)	Roth 403(b)	Other	<input type="checkbox"/> New <input type="checkbox"/> Change	<input type="checkbox"/> Existing <input type="checkbox"/> Cancel	
_____	\$ _____ or % _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Change	<input type="checkbox"/> Existing <input type="checkbox"/> Cancel	_____
_____	\$ _____ or % _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Change	<input type="checkbox"/> Existing <input type="checkbox"/> Cancel	_____
_____	\$ _____ or % _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Change	<input type="checkbox"/> Existing <input type="checkbox"/> Cancel	_____

Total Monthly Contributions _____

*Please Note: Certain investment providers may not pay the administration fee. **If you select an investment provider that does not pay the administration fee, the fee will be deducted and paid from your salary reduction amount.** Please refer to the approved vendor list at www.nbsbenefits.com/403b for a current listing of providers that have agreed to pay the fee.

**Please make the SRA due date for your district the effective date. Any other date will defer to the next calendar SRA date.

3 Financial Advisor/Agent Information

Financial Advisor/Agent Name _____	Financial Advisor/Agent Phone Number _____
Financial Advisor/Agent Email Address _____	Financial Advisor/Agent Fax Number _____

4 Employee Approval

I understand and agree to the following:

1. This Salary Reduction Agreement (Agreement) is an agreement between me and my employer that I have entered into voluntarily.
2. This Agreement supersedes and replaces all prior Salary Reduction Agreements.
3. The Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect.
4. The Agreement may be terminated or modified at any time for amounts not yet paid or available.
5. Nothing herein shall affect the terms of my employment with the Employer.
6. This Agreement shall automatically terminate if my employment is terminated.
7. If the Salary Reduction Agreement is received less than 5 business days prior to the SRA due date, it is not guaranteed to be processed for that SRA due date.
8. My salary reduction do not exceed contribution limits as determined by applicable law.
9. I am responsible for notifying my Employer if I own more than 50% of another business and adopt a retirement plan for that business to ensure I have not exceeded the maximum contribution amount to all plans involved.
10. Any contribution that exceeds the maximum contribution limit must be distributed from my Employer's 403(b) plan.

I authorize the automatic cancellation of this Salary Reduction Agreement in the event of any of the following: (1) if either my employer or National Benefit Services, LLC (my employer's third-party administrator) believe additional contributions will cause me to exceed limits under Code Section 415 or 402(g), (2) if I take a hardship distribution, if available, or (3) if I take an unforeseeable emergency distribution, if available.

I have read and understand the information contained on page 1 of this Agreement. I understand that by making this application the release of my confidential information to third parties may occur as necessary to administer the Plan in accordance with the Internal Revenue Code.

Employee Signature _____	Date _____
--------------------------	------------

Form - 403-200 (05/2018)

LAKEPORT UNIFIED SCHOOL DISTRICT

Universal Availability Notice

Visit NBSbenefits.com/403b for additional information.



Congratulations! You are eligible to participate in the 403(b) retirement plan provided by the Lakeport Unified School District. Contributing to a 403(b) plan will give you peace of mind through financial security during your retirement. A 403(b) plan allows you to contribute a portion of your compensation as a pre-tax or post-tax (Roth) contribution (if allowed by your Employer) in order to save for retirement. Participation in the 403(b) plan is completely voluntary. If you are already contributing to the 403(b) plan, now is a perfect time to increase your contributions.

What is a 403(b) Plan?

A 403(b) plan, also known as a Tax-Sheltered Annuity (TSA), is a tax-deferred retirement plan provided for employees of certain tax-exempt, governmental organizations or public education institutions.

What are the benefits of contributing to a 403(b) Plan?

LOWER TAXES!

The 403(b) contributions you make can be on a pre-tax basis. This means that the money used to invest in the 403(b) plan is not taxed until the funds are withdrawn. For example, if your federal marginal income tax rate is 25%, and you contribute \$100 a month to a 403(b) plan, you have reduced your federal income taxes by nearly \$25. In effect, your \$100 contribution costs you only \$75. The tax savings grow with the size of your 403(b) contribution.

TAX-DEFERRED GROWTH

In your 403(b) plan, interest and earnings grow tax-deferred. This means that your interest will grow tax-free until the time of your withdrawal. The compounding interest on your 403(b) plan allows your account to grow more quickly than money saved in a taxable account where interest and earnings are taxed each year.

TAKING THE INITIATIVE

Contributing to a 403(b) retirement plan helps you take control of your future retirement needs. Other sources of retirement income, including state pension plans and Social Security, often do not adequately replace a person's salary upon retirement. A 403(b) plan can be a great way to supplement your income at retirement.

POSSIBLE TAX CREDITS

Pre-tax contributions may put you in a lower tax bracket reducing your overall tax rate.

HIGHER LIMITS

Annual contribution limits are much higher than those of an IRA.

How much can you contribute to a 403(b) Plan?

You may elect to save up to 100% of your income.

For the current IRS contribution limits, including the age 50+ catch-up, please reference www.nbsbenefits.com/limits

HOW TO ENROLL IN THE PLAN

Your employer has provided investment option(s) for you. A list of approved vendor(s) and the Salary Reduction Agreement ("SRA") can be found by visiting the National Benefit Services (NBS) website at NBSbenefits.com/403b or by contacting NBS (contact information below).

Once you have chosen an approved vendor, please open a 403(b) account directly with them. To begin investing, send the completed SRA form to NBS who will work with your employer to begin contributions.

It is important to make sure your salary reductions do not exceed contribution limits as determined by applicable law. As a participant, it is your responsibility to notify your Employer if you own more than 50% of another business and adopt a retirement plan for that business to ensure you do not exceed the maximum contribution amount to all plans involved. Any contribution that exceeds the maximum contribution limit must be distributed from my Employer's 403(b) plan first.

INVESTMENT CHOICES

Annuity contracts made available through insurance companies or custodial accounts through a retirement account custodian are allowed in 403(b) plans. You will need to contact the vendor for a comprehensive listing and information regarding the available investment options.

EXCHANGES

As a participant in the 403(b) Plan, you have the option to move funds, or "exchange" tax-free between different vendors within the same plan.

ROLLOVERS

You also have the option of rolling retirement funds from previous employers to your current employer's plan thus simplifying retirement management.

NBS Retirement Service Center

8523 S. Redwood Rd.
West Jordan, UT 84088
800.274.0503 ext. 5
Fax - 1.800.597.8206

Contact NBS if you have questions about the retirement plan



Lakeport Unified School District 403(b) Plan
Lakeport Unified School District

Plan Contact Person:

Crissy Laveglia
2508 Howard Avenue
Lakeport, CA 95453
707.262.3000

403(b) UA Notice Continued

DISTRIBUTIONS FROM THE PLAN

You or your beneficiary will be able to withdraw your vested balance when one of the following occurs:

1. Retirement
2. Termination of Employment
3. Attainment of Age 59 ½
4. Total Disability
5. Death

The vendors may require additional paperwork.

LOANS

You may borrow up to 50% of your vested balance up to \$50,000 (whichever is less). Contact your current vendor about their specific loan provisions.

HARDSHIP DISTRIBUTIONS

An in-service hardship distribution may be allowed if you satisfy certain criteria. Contact NBS for more information about the requirements. If you take a hardship distribution you are required to stop making contributions for 6 months.

REQUIRED MINIMUM DISTRIBUTIONS (RMD)

Distributions are required at age 70 ½. Exceptions may apply.

Updated: 7/17/2018

NBS Retirement Service Center

8523 S. Redwood Rd.
West Jordan, UT 84088
800.274.0503 ext. 5
Fax - 1.800. 597.8206

Contact NBS if you have questions about
the retirement plan



Lakeport Unified School District 403(b) Plan
Lakeport Unified School District

Plan Contact Person:
Crissy Laveglia
2508 Howard Avenue
Lakeport, CA 95453
707.262.3000



457(b) Distribution/Rollover Authorization Form

Participant Instructions

The 457(b) Distribution/Rollover Authorization Form must be submitted to National Benefit Services, LLC (NBS), the third party administrator, to authorize a distribution or rollover of 457(b) amounts from your employer or former employer's plan. One type of distribution does not require this form. 1) Unforeseeable emergency withdrawals require submission of a different form. **Your investment provider may require its own paperwork in addition to this form. You may wish to attach your investment provider's paperwork to this form.** All attached forms or paperwork will be forwarded to the investment provider indicated below.

To expedite your authorization request approval, please include a copy of the following if applicable:

- Driver's License or Birth Certificate (qualifying event based on age: RMD 70 ½)
- Termination letter on district letterhead (qualifying event: Separation from Service or Retirement)

Upon completion, fax or mail a copy of the form to National Benefit Services, LLC. Inquiries regarding the status of your distribution or rollover may be directed to NBS at (800) 274-0503 ext 5. After paperwork has been forwarded to your investment provider, inquiries should be directed to your provider. After this form has been received by NBS in good order, it will be forwarded to your provider within 5 business days. Submission of this form does not affect any existing salary reduction arrangements you currently maintain with your employer. If you wish to discontinue or direct future contributions to a new vendor you must complete a corresponding new salary reduction agreement (SRA). An SRA form can be found at the website www.nbsbenefits.com/403b.

Investment Provider Instructions

NBS represents this participant (or beneficiary) is eligible to distribute or rollover of 457(b) amounts in accordance with the employer's plan and the 457(b) Provider/Information Sharing Agreement (Agreement) entered into by your company and NBS, provided that NBS has signed below. NBS reserves the right to not sign surrendering or receiving vendor paperwork according to the ISA (if applicable).

457(b) Distribution/Rollover Authorization Form



1 Participant Information

Participant Name _____		Employer or Former Employer Name _____	
Participant Mailing Address City, State, Zip Code _____		Employer State _____	
Home Phone Number _____	Work Phone Number _____	Date of Birth _____	Social Security Number _____
Agent Name _____		Agent Phone Number _____	

2 Reason(s) for Withdrawal

Select all applicable reasons for withdrawal and the date of the applicable event. If none of the events listed below apply to you, you may not be eligible for a distribution or rollover. You may still be eligible to transfer 457(b) amounts to a different investment provider using 457(b) Transfer Authorization Form. Contact your investment provider, financial advisor, or NBS for additional information. Note that QDROs may require additional processing time. Retirement is considered termination of employment if you are no longer working for the Sponsoring Employer.

Distributable Event:

- | | |
|--|----------------------|
| <input type="checkbox"/> Separation of service (no longer working for the Sponsoring Employer) | Date of Event: _____ |
| <input type="checkbox"/> Death of participant (provide documentation) | Date of Event: _____ |
| <input type="checkbox"/> Disability (must be long-term and result in inability to work; provide documentation) | Date of Event: _____ |
| <input type="checkbox"/> QDRO (provide documentation) | Date of Event: _____ |
| <input type="checkbox"/> Required Minimum Distributions | Date of Event: _____ |
| <input type="checkbox"/> Attainment of Age 70 ½ | Date of Event: _____ |
| <input type="checkbox"/> Correction of excess contribution or deferral | Tax Year: _____ |

3 Source of Assets

Indicate the investment provider that currently holds the assets you wish to distribute or rollover. This form will be sent to the investment provider below unless instructed otherwise.

Investment Provider _____	Account Number _____	Phone Number _____
Mailing Address City, State, Zip Code _____		Fax Number _____

4 Participant/Beneficiary Approval

I recognize that the information contained on and attached to this form may be shared with a third party (including National Benefit Services, LLC (NBS)) as necessary to administer the Plan in accordance with the Internal Revenue Code. I authorize the release of non-public information pertaining to the above accounts and transaction to NBS representatives as necessary to administer the plan. I certify that the information I have provided is accurate. I understand that taxes and tax withholding may apply to any distribution I receive that is not rolled over. Additionally, a 10% IRS penalty may be assessed for early distributions. (Consult with a tax advisor for tax-related questions.)

Participant Signature (or Beneficiary Signature if participant is deceased) (Required) _____	Date _____
--	------------

4 For NBS Use Only

NBS Signature (Required) _____	Date _____
--------------------------------	------------

457-303 (01/2017)



457(b) Salary Reduction Agreement

Participant Instructions

The Salary Reduction Agreement (SRA) is to be used to establish, change, or cancel salary reductions withheld from your paycheck and contributed to the 457(b) plan on your behalf. The SRA is also used to change the investment providers that receive your contributions. Upon completion, fax or mail a copy of the form to National Benefit Services, LLC. Please note that this form is not valid unless all applicable sections are completed and you have signed the form.

Please allow 5 business days for processing. Salary Reduction Agreements received less than 5 business days prior to the SRA due date are not guaranteed to be processed for that SRA due date.

Important Information

The Employee agrees to indemnify and hold the Employer and National Benefit Services, LLC (NBS) harmless against any and all actions, claims and demands whatsoever that may arise from the purchase of annuities or custodial accounts in this 457(b) Plan. The Employee acknowledges that neither the Employer nor NBS have made representation to the Employee regarding the advisability, appropriateness or tax consequences of the purchase of the annuity and/or custodial accounts. The Employee agrees that neither the Employer nor NBS shall have any liability whatsoever for any and all losses suffered by the Employee with regard to his/her selection of the annuity and/or custodial account; its terms; the selection of the insurance company or regulated investment company; the solvency of, operation of or benefits provided by said insurance company or regulated investment company; or his/her selection and purchase of shares of regulated investment companies.

The Employer reserves the right to alter terms of this Agreement as required to facilitate Program compliance with State and Federal law.

The Employer does not choose the annuity contract or custodial account in which the Employee's contributions are invested.

The Employee is responsible for setting up and signing the legal documents to establish the annuity contract or custodial account.

In order for the Employee to receive the expected tax results, the annuity contract or custodial account established must meet the requirements of Section 457(b) of the Internal Revenue Code. It is solely the Employee's responsibility to establish the proper type of contract or account for this purpose.

The Employee is responsible for naming a death beneficiary under the annuity contract or custodial account. This is normally done at the time the contract or account is established, although the designation should be reviewed from time to time.

The Employee is responsible for investment decisions, distributions and any other transactions with the insurance company or investment company and shall have total responsibility for all distributions and any resulting taxation consequences. All rights under the contract or account are enforceable solely by the Employee, the Employee's beneficiary or the Employee's authorized representative.

The insurance or investment company or may be required to receive approval from the Employer or National Benefit Services, LLC prior to executing certain transactions including loans, hardships, distributions, or transfers (as permitted by the Plan).

The Employee understands that information contained in this Agreement and other non-public information may be shared with the Employer's designated third-party administrator in conjunction with the operation of the 457(b) Plan.

Retain a copy of this form for your records.

457(b) Salary Reduction Agreement



1 Personal Information

Participant Name		Company Name	
Mailing Address City, State, Zip Code		Phone Number	
Date of Birth	Date of Hire	Email Address	Social Security Number

2 Salary Reduction

The Salary Reduction Agreement (SRA) is to be used to establish, change or cancel salary reduction withheld from your paycheck and contributed to the 457(b) plan on your behalf. To change, begin, or cancel contributions, enter your desired amount(s) and investment provider(s). **This SRA will cancel and replace any previously submitted SRA. You must list all new and existing deductions on this SRA form or they will be cancelled.** The salary reductions identified in the space below will be the only deductions performed starting on the Effective Date.

Investment Provider Name*	Monthly Dollar or Percentage Amount	Type of Deferrals			Requested Action		Effective Date**
		457(b)	Roth 457(b)	Other	<input type="checkbox"/> New <input type="checkbox"/> Change	<input type="checkbox"/> Existing <input type="checkbox"/> Cancel	
_____	\$ _____ or % _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Change	<input type="checkbox"/> Existing <input type="checkbox"/> Cancel	_____
_____	\$ _____ or % _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Change	<input type="checkbox"/> Existing <input type="checkbox"/> Cancel	_____
_____	\$ _____ or % _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Change	<input type="checkbox"/> Existing <input type="checkbox"/> Cancel	_____

Total Monthly Contributions _____

*Please Note: Certain investment providers may not pay the administration fee. **If you select an investment provider that does not pay the administration fee, the fee will be deducted and paid from your salary reduction amount.** Please refer to the approved vendor list at www.nbsbenefits.com/403b for a current listing of providers that have agreed to cover the fee.

**Please make the SRA due date for your district the effective date. Any other date will defer to the next calendar SRA date.

3 Agent Information

Agent Name	Agent Phone Number
Agent Email Address	Agent Fax Number

4 Employee Approval

I understand and agree to the following:

1. This Salary Reduction Agreement (Agreement) is an agreement between me and my employer which I have entered into voluntarily.
2. This Agreement supersedes and replaces all prior Salary Reduction Agreements.
3. The Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect.
4. The Agreement may be terminated or modified at any time for amounts not yet paid or available.
5. Nothing herein shall affect the terms of employment between the Employer and myself.
6. This Agreement shall automatically terminate if my employment is terminated.
7. If the Salary Reduction Agreement is received less than 5 business days prior to the SRA due date, it is not guaranteed to be processed for that SRA due date.

I authorize the automatic cancellation of this Salary Reduction Agreement in the event of any of the following: (1) if either my employer or National Benefit Services, LLC (my employer's third-party administrator) believe additional contributions will cause me to exceed limits under Code Section 415 or 402(g), (2) if I take a hardship distribution, if available, or (3) I take an unforeseeable emergency distribution, if available.

I have read and understand the information contained on page 1 of this Agreement. I understand that by making this application the release of my confidential information to third parties may occur as necessary to administer the Plan in accordance with the Internal Revenue Code.

Employee Signature	Date
--------------------	------

457(b) Plan

Lakeport Unified School District Highlights

Visit NBSbenefits.com/403b for additional information



Congratulations! You are eligible to participate in the 457 District. Contributing to a 457 plan will give you peace of mind allows you to contribute a portion of your compensation as a pre-in order to save for retirement. Participation in the 457 plan is plan, now is a perfect time to increase your contributions.

retirement plan provided by the Lakeport Unified School through financial security during your retirement. A 457 plan tax or post-tax (Roth) contribution (if allowed by your Employer) completely voluntary. If you are already contributing to the 457

What is a 457 Plan?

A 457 plan is a tax-deferred compensation plan provided for employees of certain tax-exempt, governmental organizations or public education institutions.

What are the benefits of contributing to a 457 Plan?

LOWER TAXES!

The 457 contributions you make can be on a pre-tax basis. This means that the money used to invest in the 457 plan is not taxed until the funds are withdrawn. For example, if your federal marginal income tax rate is 25%, and you contribute \$100 a month to a 457 plan, you have reduced your federal income taxes by nearly \$25. In effect, your \$100 contribution costs you only \$75. The tax savings grow with the size of your 457 contribution.

TAX-DEFERRED GROWTH

In your 457 plan, interest and earnings grow tax-deferred. This means that your interest will grow tax-free until the time of your withdrawal. The compounding interest on your 457 plan allows your account to grow more quickly than money saved in a taxable account where interest and earnings are taxed each year.

TAKING THE INITIATIVE

Contributing to a 457 plan helps you take control of your future retirement needs. Other sources of retirement income, including state pension plans and Social Security, often do not adequately replace a person's salary upon retirement. A 457 plan can be a great way to supplement your income at retirement.

POSSIBLE TAX CREDITS

Pre-tax contributions may put you in a lower tax bracket reducing your overall tax rate.

ROTH

You may also choose to invest part of your income on an after-tax (Roth) basis. Roth contributions are taxed at the time of the investment though contributions *and* earnings grow tax-free until withdrawn. Qualified distributions will allow you to withdraw your money tax-free.

HIGHER LIMITS

Annual contribution limits are much higher than those of an IRA.

How much can you contribute to a 457 Plan?

You may elect to save up to 100% of your income.

For the current IRS contribution limits, including the age 50+ catch-up, please reference www.nbsbenefits.com/limits

Limits are separate from those made to 403(b) or 401(k) accounts

REQUIRED MINIMUM DISTRIBUTIONS (RMD)

Distributions are required at age 70 ½. Exceptions may apply.

HOW TO ENROLL IN THE PLAN

Your employer has provided investment option(s) for you. A list of approved vendor(s) and the Salary Reduction Agreement ("SRA") can be found by visiting the (NBS) website at NBSbenefits.com/403b or by contacting NBS (contact information below).

Once you have chosen an approved vendor, please open a 457 account directly with them. To begin investing, send the completed SRA form to NBS who will work with your employer to begin contributions.

INVESTMENT CHOICES

Annuity contracts made available through insurance companies or custodial accounts through a retirement account custodian are allowed in 457 plans. You will need to contact the vendor for a comprehensive listing and information regarding the available investment options.

TRANSFERS

As a participant in the 457 Plan, you have the option to move funds, or "transfer" tax-free between different vendors within the same plan.

NBS Retirement Service Center

8523 S. Redwood Rd.
West Jordan, UT 84088
800.274.0503 ext. 5
Fax - 1.800.597.8206

Contact NBS if you have questions about the retirement plan



Lakeport Unified School District 457(b) Plan
Lakeport Unified School District

Plan Contact Person:
Crissy Laveglla
2508 Howard Avenue

Lakeport, CA 95453
707.262.3000

457(b) Retirement Plan Highlights Continued

ROLLOVERS

You also have the option of rolling retirement funds from previous employers to your current employer's plan thus simplifying retirement management.

DISTRIBUTIONS FROM THE PLAN

You or your beneficiary will be able to withdraw your vested balance when one of the following occurs:

1. Retirement
2. Termination of Employment
3. Attainment of Age 70 ½
4. Total Disability
5. Death

The vendors may require additional paperwork.

LOANS

You may borrow up to 50% of your vested balance up to \$50,000 (whichever is less). Contact your current vendor about their specific loan provisions.

UNFORESEEABLE EMERGENCY

An in-service unforeseeable emergency distribution may be allowed if you satisfy certain criteria. Contact NBS for more information about the requirements. If you take funds for an unforeseeable emergency you are required to stop making contributions for 6 months.

Updated: 7/17/2018

NBS Retirement Service Center

8523 S. Redwood Rd.
West Jordan, UT 84088
800.274.0503 ext. 5
Fax - 1.800. 597.8206

Contact NBS if you have questions about the retirement plan



Lakeport Unified School District 457(b) Plan
Lakeport Unified School District

Plan Contact Person:
Crissy Laveglia

2508 Howard Avenue
Lakeport, CA 95453
707.262.3000