ANCHORAGE SCHOOL DISTRICT
5530 E. Northern Lights Blvd.
Anchorage, Alaska 99504-3135

Salary Deferral Agreement
403(b) Plan

Anchorage School District 403(b) Defined Contribution Plan

Participant Information

Last Name	First Name	MI	Social Security Number
Address – Number & Street			E-Mail Address
City	State	Zip Code	Date of Birth ☐Female ☐Male
( ) Home Phone	( ) Work Phone		___/___/___ Mo Day Year ☐Married ☐Unmarried

Salary Deferral Agreement

This Agreement shall apply to all regular compensation paid from the effective date specified, until cancelled, superceded, or the employee ceases to be an eligible employee. This Agreement supercedes all previous agreements.

I understand that I may change the percentage of compensation or dollar amount contributed to the Plan only when and as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code deferral limits.

Payroll Information

Specify one of the following:

☐ Restart ☐ Increase Payroll Deduction ☐ Decrease Payroll Deduction ☐ Stop Deduction

Specify the following:

☐ I elect to contribute _____% **or** $_____._____ (per pay period) from my regular biweekly or monthly salary as before-tax contributions to the 403(b) Plan until such time as I revoke or amend my election. If I have elected to contribute a flat-dollar amount, no contribution shall be made if my regular salary is not sufficient to cover the designated contribution amount.

Payroll Effective Date: _____/_____/_____
Month Day Year

NOTE: Please refer to current payroll schedule for paperwork deadlines

Your Consent and Signature

I have completed, understand and agree to the terms of the Agreement and authorize the payroll deduction as indicated on this form.

_____ _____
Participant Signature **Date**

Completed Salary Deferral paper forms with ORIGINAL signatures must be returned to the Payroll Department.
OR
Salary Deferrals may be made online through Great-West at GWRS.com (no paper follow-up would be required).