



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

Salary Deferral Agreement
457(b) Plan

Anchorage School District 457(b) Deferred Compensation Plan

Participant Information

Last Name		First Name	MI	Social Security Number	
Address – Number & Street				E-Mail Address	
City	State	Zip Code		Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male
()	()			/ /	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried
Home Phone		Work Phone		Mo	Day Year

Salary Deferral Agreement

This Agreement shall apply to all regular compensation paid from the first day of the month after the date of this Agreement (unless a later effective date is specified) until cancelled, superseded, or the employee ceases to be an eligible employee. This Agreement supersedes all previous agreements.

Payroll Information

Specify one of the following:

- Restart Deduction 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 457(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 biweekly or monthly adjusted net income does not exceed the designated contribution amount.

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

NOTE: Effective date must be the first of the following month or later after the date of this Agreement

Your Consent and Signature

I understand that I may not contribute an amount that will exceed the annual limitations set forth in the Internal Revenue Code and that I need to review my earnings statement each pay period to confirm that contributions are made for the correct amounts.

I understand that administrative rules and procedures may apply regarding the administration of Salary Deferral Agreements.

I understand that this Agreement is legally binding and irrevocable with respect to compensation payable to me while this Agreement is in effect and that I may stop, start, or change my future contribution amount by submitting a new Salary Deferral Agreement.

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).