

**Alexandria City Public Schools, Virginia
Participation Agreement for Internal Revenue Code
Section 457(b) Deferred Compensation Program**

Name of Company—457(b) Product Provider

Employee's Name	Social Security Number
Work Location	Position

Original Agreement

With respect to services rendered by the Employee hereafter, the Employer and the Employee hereby agree the Employee's compensation for such services shall be reduced by:

Equal amounts of \$ _____ per pay period beginning the _____, 20__ pay period.

Amendment Agreement - Type of Change Desired

Increase from \$ _____ per pay period to \$ _____ beginning the _____, 20__ pay period.

Decrease from \$ _____ per pay period to \$ _____ beginning the _____, 20__ pay period.

Suspend _____ Effective Date of Suspension _____, 20__

NAME OF COMPANY

“Catch-Up” Election (Available only for plan years in which less than the maximum deferral was contributed by the participant)

I elect to use the 457(b) “catch-up” provision. I certify that I am now in my final three years of employment prior to my scheduled year of retirement. My retirement date is scheduled for ____/____/20____. (REQUIRED) (Min Age 55, Max 70.5)

Deduct equal amounts of \$ _____ per pay period beginning with the _____, 20__ pay period.

Company Name <small>**For Unused Leave Payout ONLY**</small>	Payroll Slot Number	Requested Salary Reduction Amount (Dollar Amount)	Retirement Date (New account or amendment - MM/DD/YY)																
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The undersigned hereby agrees to the terms and conditions of the Alexandria City Public Schools Deferred Compensation Plan (“Plan”) as such Plan now exists or is hereinafter amended and a copy of the Plan has been made available to them. This election shall continue until the undersigned makes a subsequent election as provided by the Plan. The employer hereby authorizes on the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the signature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employer's 457 Deferred Compensation Plan.

I (the Employee) understand and agree to the following:

My deferrals cannot begin sooner than the month following Participation Agreement approval. My accumulated deferrals will be held in trust by the Alexandria City Public Schools for the exclusive benefit of participants and their beneficiaries until paid to me under the rules of the Plan. I realize I may not assign or transfer my rights under the Plan.

I am responsible for the accuracy of the excludable amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary reduction in this agreement, or any other violation of the requirement of IRS Code Section 457 could result in additional taxes, interest, and penalties to the Employee.

I hereby authorize my Employer to reduce or suspend any deferrals established by this agreement, if in its opinion, the total annual deferral would exceed the maximum allowable limit in any calendar year. Should my deferral exceed the maximum limit, I authorize my Employer to disallow deferral of the excess amount and direct these amounts to be refunded to me.

Earnings, if any, will be applied to my accumulated deferrals in accordance with the Company and product I have selected. Neither the Employer, nor Trustees, nor agencies of the Employer shall be liable for the performance of the Companies or products selected by the Employee.

Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of this Agreement by Employee and Employer.

This Agreement may be terminated by either the Employer or Employee upon thirty (30) days notice to the Company and to the Employer or Employee as applicable.

Effective Date of this Agreement _____, 20 ____.

AGENT / REPRESENTATIVE (If Applicable)

EMPLOYEE

Important Notice- The following ownership and beneficiary designations must be used:
 Owner- “The Alexandria City Public Schools 457(b) Plan FBO (participant’s name)”
 Beneficiary- Any single or multiple beneficiaries named by the participant.
 (Do not list Alexandria City Public Schools as a beneficiary)

Mail, fax or e-mail your SRA form to:

**TSA Administration Services
Attn: SRA Processing Dept.
P.O. Box 4037
Fort Walton Beach, FL 32549**

Fax: 1-866-908-7582 or

**E-Mail:
SRAprocessing@tsacg.com**

Authorized 457(b) Providers (July, 2018)

The following authorized providers have been approved by ACPS for the 457(b). For more information on the products and services available from these providers please contact them at the number listed below.

Fidelity Investments	www.fidelity.com/atwork	(800) 343-0860
Metropolitan Life Insurance Company	www.metlife.com Barbara Hunter—Agent	(800) 638-5433 (703) 725-4724
VALIC	www.valic.com Richard Lambert—Agent	(800) 633-8960 (571) 289-4933
Voya Financial	https://voyaretirement.voya.com John Brosnahan—Agent	(866) 865-2660 (703) 449-2919

The employer, Alexandria Public Schools, will apply and remit the salary reduction documented on page 1 of this SRA form to TSA Consulting Group, Inc. The administrator is providing remittance and administration services for voluntary retirement plans.

PRIVACY - The administrator shall take all reasonable precautions to prevent disclosure or use of the information for a purpose unrelated to administration of the plan.

The administrator shall disclose information described only:

- (a) in response to a court order;
- (b) for an examination conducted by the commissioner of insurance;
- (c) for an IRS audit or investigation;
- (d) to or at the request of the insurer or plan sponsor; or
- (e) with the written consent of the identified individual or his or her legal representative.