SALARY REDUCTION AGREEMENT FOR 403(b) TAX-SHELTERED ANNUITY/403(b)(7) CUSTODIAL ACCOUNT

I hereby authorize NWESD 189 to reduce the remaining unused installments of salary under my existing employment contract by withholding the sum of $_____ per month beginning with the last day of _____, 20____, and to pay the same to the tax deferred annuity contract account and insurance company indicated below. I understand such authorized withholding cannot exceed the statutory exclusion allowed under Section 403(b) of the Internal Revenue Code and is only applicable for authorized annuity programs.

List all companies to be contributed to from the date listed above forward:

Tax Deferred Annuities or Investment Company: _____ Amount: $_____ per month

Tax Deferred Annuities or Investment Company: _____ Amount: $_____ per month

Tax Deferred Annuities or Investment Company: _____ Amount: $_____ per month

This authorization is legally binding and shall be in effect until canceled in writing by the employee or replaced by a subsequent agreement. An employee may modify his/her salary reduction agreement up to two (2) times during a tax year by providing a revised, signed salary reduction agreement. Termination of employment with the NWESD 189 will automatically cancel this agreement.

The NWESD 189 shall be absolved of any liability for the failure of the annuity policy to fully qualify under Section 403(b) of the Internal Revenue Code and the settlement of any dispute arising therefrom shall be a matter of concern strictly between the annuitant and the Internal Revenue Service.

In the event of any dispute arising between the participating employee and/or the insurance carrier and/or the Internal Revenue Service, NWESD 189 and its elected and appointed officials shall be absolved of any and all liability with respect to the payments made pursuant to these contract provisions, and further held harmless from the same.

_____	_____	_____
Employee Signature	Social Security Number	Date

Print Name_____

_____	_____	_____
Agent Signature	Telephone Number	Date

Print Name_____ _____
Address

NWESD 189 acknowledges and accepts your participation per the foregoing contract addendum effective _____, 20_____.

By_____
Payroll/Personnel Administrator for NWESD 189

c: Payroll file
Employee

Revised:05/01