403(b) Salary Deferral Agreement
Lewisville Independent School District

WHEN COMPLETED, RETURN THIS FORM BY:
MAIL: LISD HRS/Benefits Office Attn: Sandi Mattox
PO Box 217, Lewisville, Texas 75067
FAX: 972-355-0160 Attn: Sandi Mattox
INTER-CAMPUS MAIL: HRS/Benefits Office Attn: Sandi Mattox
Questions can be directed to Sandi Mattox by telephone at 469-948-8071
or by email at mattoxsj@lisd.net

Last Name **First Name** **MI**	**Home Phone**	**Cell Phone**
Social Security Number	**E-Mail**	

By signing this Agreement I hereby agree that **(a)** the District has no responsibility or liability for my choice of a company(ies) and/or investment or insurance product(s) to which my contributions shall be directed, **(b)** I am responsible for the accurate and complete calculation of the amount that I may contribute to a 403(b) account under all federal laws, regulations and rules, **(c)** I will not request any withdrawals or loans from my 403(b) account(s) or receive any distributions of any kind from such accounts that do not meet the requirements of Section 403(b) of the Code, **(d)** I will notify the District immediately if I become delinquent in the repayment of any loans from my 403(b) account(s) or if I receive a "hardship withdrawal" from such account(s), **(e)** this Agreement replaces any and all prior or existing 403(b) salary reduction and/or payroll deduction agreements by and between the District and me, **(f)** this Agreement shall be renewed automatically each Plan year unless cancelled by me in writing and **(g)** the District has my permission to modify or stop my 403(b) salary reduction amount without my written permission if such action is necessary to protect the District from liability.

Company Name/Fund Family	**(NOW REQUIRED)** Individual Annuity Product or Mutual Fund Name	Please Check Option Below			Existing Per Pay Period Deduction	New Per Pay Period Deduction	Payroll Code (for District Use Only)	Effective on which paycheck (mm/dd/yy)?
		Add	Change	Del				

I hereby authorize Lewisville Independent School District (the "District") to **(1)** modify my employment contract, if any, and reduce my compensation as provided in this Salary Deferral Agreement (this "Agreement"), **(2)** deduct the amount specified above from my pay as provided under Texas statutes and **(3)** contribute the amount by which my compensation has been reduced to the 403(b) account(s) specified in this Agreement (without the withholding of federal income taxes) on my behalf in lieu of compensation as provided by Section 403(b) of the Internal Revenue Code of 1986, as amended, (the "Code") of which I will be named owner of the account.

Signature of Participant _____ Date _____

Print Name of Agent (if applicable) _____ Signature of Agent _____ Agent Phone Number _____ Agent E-Mail Address _____