

By this Agreement, made between the undersigned District (the "Employer") and the undersigned participant (the "Employee"), the parties hereto agree as follows:

Effective with respect to amounts paid or otherwise made available to the Employee, subsequent to the execution of this Agreement, the Employee's salary will be reduced by the amount(s) indicated below. At the same time, the Employer will transmit the reduction amount to the Employee's account(s) maintained under the eligible Internal Revenue Code Section 457(b) Deferred Compensation Plan.

This Agreement shall be legally binding and irrevocable for both the Employer and the Employee with respect to amounts paid or otherwise made available while this Agreement is in effect. Either party may modify or otherwise terminate this Agreement as of the first pay period commencing with or during the first month following receipt of satisfactory written notice of such modification or termination by giving at least 30 days written notice so that this Agreement will not apply to subsequent amounts paid or otherwise made available.

EMPLOYEE INFORMATION

Employee Name: _____ Date of Birth: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Social Security #: _____ Payroll Effective Date: _____

CONTRIBUTION ELECTION

- I elect to participate and defer \$_____ of compensation per pay period (i.e. per pay check).
- I elect to change my contribution amount from \$_____ to \$_____ until further notice.
- Stop my contributions immediately (proceed to "Agreement and Consent" at the end of this form).

MAXIMUM ANNUAL CONTRIBUTION AMOUNTS CATCH-UP CONTRIBUTION ELECTION

These limits are based on a calendar year basis and are as follows

Calendar Year	Annual Maximum	Age 50 and over Catch Up
2007	\$15,500.00	\$5,000.00

For individuals who are in one of the last three years prior to normal retirement age there are additional catch up provisions that may be available. Please see your investment company representative for more information.

INVESTMENT OPTIONS – USE THIS SECTION FOR NEW ACCOUNTS ONLY (see below to change your current election)

I choose to invest my account as follows: **YOU MUST SELECT ONLY ONE.**

- Signature Portfolio** – managed according to the Investment Policy Statement created by the Investment Advisory Committee. Allocations change periodically to adapt to market changes. Typically from 50% to 75% in Equities with the remaining invested in Bond and Money Market funds.
- Preservation Portfolio** – for individuals who do not wish to assume much risk and are adverse to the ups and downs of the equity (stock) market. Approx 50% Bonds, 50% Cash; targeted age range 55+.
- Conservative Portfolio** – for individuals who are adverse to risk but want some exposure for growth to offset the effects of inflation. Approx 25% Equities, 75% Bonds; targeted age range 50-55.
- Moderately Conservative Portfolio** - for individuals who are conservative but willing to accept the risk of growth with income. Approx 50% Equities, 50% Bonds; targeted age range 40-50.
- Growth Portfolio** – for individuals who are interested in growth and are willing to assume the risk of a fluctuating equity market. Approx 75% Equities, 25% Bonds; targeted age range 30-50.
- Aggressive Growth Portfolio** – for individuals who are interested in growth and are willing to assume the risk of the fluctuating equity market. They have time to recover from a potential loss if a long term down trending market occurs. This investor is seeking above average returns. Approx 100% Equities; targeted age range 20-45.

You may direct your own investments by choosing from the funds within the Plan in order to meet your individual needs.

To **change** your current investments or direct your own investments, visit www.region10rams.org and log on to your account. For assistance from JEM Resource Partners please call (800) 943-9179.

I understand that if I elect one of the above portfolios, my contributions will be invested in a portfolio managed by the ESC Region 10 Investment Advisory Committee (IAC), whose investment advisor is TCG Investment Advisory Services LP. Check the RAMS website to get the most current investment allocation in the above Portfolios. I understand that once my enrollment is processed, and my account has been established I can go online to www.Region10RAMS.org to change my investment allocations and manage my investments. For assistance from JEM Resource Partners please call (800) 943-9179.

DESIGNATION OF BENEFICIARY

Name(s) of Primary Beneficiary (ies)	Percentage (%)	Relationship to you	Date of Birth	Social Security Number
Name(s) of Contingent Beneficiary (ies)	Percentage (%)	Relationship to you	Date of Birth	Social Security Number

CURRENT MARITAL STATUS (check one)

- I am not married.** I understand that if I become married in the future, this form automatically ceases to apply and I should file a new Designation of Beneficiary.
- I am married.** If my spouse is not listed as the only Primary Beneficiary above, my spouse has signed the consent below. I understand that if my marital status changes, this designation will nevertheless remain in effect until I file a new Designation.

SPOUSAL CONSENT (Your spouse and Notary Public must complete if you are married and have designated someone other than your spouse as 100% Primary Beneficiary)

I hereby consent to the above beneficiary designation of my spouse, a participant of this Plan. I understand that in consenting to the designation of anyone except myself as primary beneficiary, I am waiving my rights to a survivor benefit that I would legally be entitled to at a later date.

Name of Spouse: _____ Spouse’s Signature: _____ Date: _____

Sworn to, and by me, this _____ day of _____ (month), _____ (year)

Name of Notary Public: _____

Notary Public’s Signature: _____

FEE DISCLOSURE

The Plan is being offered through the Education Service Center Region 10 (“ESC Region 10”) 457 Cooperative and Lewisville Independent School District. ESC Region 10 receives a service fee of \$.10 per participant per month to cover the cost of offering and maintaining the plan. TCG Investment Advisory Services LP has been hired by ESC Region 10 as the investment advisor and fiduciary to the plan and receives an advisory fee of .45% of account assets annually. JEM Resource Partners is the Trust Administrator and handles the ongoing administration of the Plan for annual fees equal to \$18.50 per year and .25% of account assets. An additional charge of \$20.00 will be applied for stop payment requests, a \$5.00 charge for a 1099-R reissue and \$50.00 charge for any 1099-R revisions. All fees will be deducted directly from participant accounts. I understand that these fees will be deducted from my account on a monthly basis.

AGREEMENT AND CONSENT

The amount hereunder will produce a total deferral that does not exceed the applicable limitations of Internal Revenue Code Section 457(b) and Internal Revenue Code Section 414(v). I authorize my Employer to reduce my salary by the above amount, which will be credited to my account under the Plan. I have completed this Agreement with true and correct information and understand and agree to the provisions stated above. I further understand that my Employer, RAMS and JEM Resource Partners are not responsible for any losses that arise out of participation in the Plan.

Employee Signature: _____ Date: _____:

WHEN COMPLETED, RETURN THIS FORM BY:

MAIL
 LISD HRS/Benefits Office
 Attn: Sandi Mattox
 PO Box 217
 Lewisville, Texas 75067

FAX
 Attn: Sandi Mattox
 972-355-0160

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