



# Salary Reduction Agreement

Great American Plan Administrators<sup>SM</sup>, Inc.  
P.O. Box 60  
Cincinnati, OH 45201-0060  
(800) 695.1471 (Toll Free)  
(513) 412.8645 (Local)  
(513) 357.3199 (Fax)  
www.gapladata.com

Please complete the Salary Reduction Agreement if you intend to create, change, or discontinue your salary deferral contributions to a qualified annuity contract or custodial account.

## 1. Employee Information

Name \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Social Security No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Date of Hire \_\_\_\_\_

## 2. Employer Information

Employer Name Kerrville ISD Telephone # (830) 257-2200 x 225  
Plan:  
 Section 403(b) Tax Sheltered Annuity Program  
 Section 457 Deferred Compensation Plan  
 Other \_\_\_\_\_

## 3. Salary Reduction

**Part A: (Check all that apply)**  
 New Participant  
 Change amount  
 Change of annuity contract or custodial account  
 Discontinue contributions

**Part B:** Subject to the annual contribution limits and other requirements of the Plan, I authorize my Employer to reduce my cash compensation in exchange for the prompt payment of an equal amount to Great American Plan Administrators, Inc., either directly or through a third party\* (hereinafter referred to as the "Remitter"), for deposit to a qualified annuity contract or custodial account as a salary reduction contribution under the Plan. The amount of such reduction and payment shall be as follows:

(Complete one) \_\_\_\_\_ (%) of my gross cash compensation; or  
\_\_\_\_\_ (\$) for each pay period

## 4. Allocation of Contributions

Please indicate the annuity contract or custodial account to which contributions should be allocated, and whether the contributions should be allocated as a fixed dollar amount or on a percentage basis. Allocations based on fixed dollar amounts will be satisfied in the order listed on page 2 with any excess remaining allocated to the last account listed. Allocations may only be made to an annuity contract or custodial account that is approved for use with the Plan.

Company Name	Product Type	Account Number	Fixed Amount	Percentage
1.			\$	%
2.			\$	%
3.			\$	%
4.			\$	%

#### 5. Effective Date

The Salary Reduction and Allocation Agreement shall take effect as soon as permitted under the Plan and as soon as administratively feasible or, if later, (MM/DD/YYYY)\_\_\_\_\_.

#### 6. Duration

This Salary Reduction Agreement and Allocation replaces any earlier Salary Reduction and Allocation Agreement I have made under the Plan and shall be legally binding and irrevocable with respect to amounts earned while it is in effect. This Salary Reduction and Allocation Agreement will remain in effect as long as I remain an eligible employee under the Plan, or until I provide the Employer with a written request to end my salary reduction contributions or submit a new Salary Reduction and Allocation Agreement, as permitted under the Plan.

#### 7. Authorization Agreement

I hereby authorize and direct the Remitter to remit contributions to the issuers of the annuity contracts and custodians of the custodial accounts in the amount/percentages listed above. These contributions will be forwarded by my employer to the Remitter pursuant to the directions provided by me above in accordance with procedures established by my employer.

I am permitted to modify the above listed amounts/percentages which are remitted to each annuity contract or custodial account, and such modification may only be affected by my completing and forwarding to the Remitter a new Salary Reduction and Allocation Agreement. Any modification I make may be subject to limitation by rules or regulations of the issuers of the annuity contracts and custodians of the custodial accounts, and I accept all responsibility for compliance with, and all responsibility or liability for noncompliance with, any such rules or regulations and hereby release and hold harmless the Remitter from any claims or liability which may arise as a result of my noncompliance with such rules or regulations.

I authorize my Employer to reduce or suspend any contributions established by this agreement, if in its opinion; the total annual contributions would exceed my Maximum Allowable Contribution in any calendar year, or as otherwise provided by the Plan.

I authorize my Employer and its agents to obtain information from the issuers of the annuity contracts and custodians of the custodial accounts for purposes relating to the maintenance or administration of the Plan.

I acknowledge that my Employer has made no representation regarding the advisability, appropriateness, or tax consequences of the purchase of the annuity and/or custodial account described herein. I agree my Employer shall have no liability whatsoever for any and all losses suffered by me with regard to my selection of the annuity and/or custodial account, its terms, the selection of the insurance company, custodian, or regulated investment company, the financial condition, operation of or benefits provided by said insurance company, custodian, or regulated investment company, or my selection and purchase of shared of regulated investment companies.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### 8. To Be Completed by Sales Representative

I agree to comply with all pertinent written directives of Employer regarding the solicitation of Employees.

**Sales Representative Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***PLEASE FAX OR MAIL COMPLETED FORMS TO: DeeDee Sheridan***  
*1009 Barnett*  
*Kerrville, Texas 78028*

830-257-2248(Fax)      830-257-2200 x 225 (Phone)

*\*In certain situations common remitting services are provided by Great American Advisors®, Inc., DBA GALIC Disbursing Company. Great American Advisors, Inc., is a registered broker-dealer and Member NASD, is located at 525 Vine Street, 7th Floor, Cincinnati, OH 45202.*