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your Local Vendor Representative
Or Fax to: 1-612-492-0883
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5225 W. Vliet Street
Milwaukee, WI 53208

403(b) Salary Reduction Agreement

PAYROLL EFFECTIVE DATE: _____

(Please Note: If your election is received after the payroll processing deadline, it will be effective on the next Paycheck.)
(Please Check All Applicable Boxes – see instructions on page 2)

- Initial 403(b) Salary Reduction Agreement** Complete Employee and Employer information, sign and return
 - Change in Contribution Amount**
 - Investment Provider Allocation, and/or Money Source**
 - Terminate Agreement (Stop/Cancel)** Complete Employee information, sign and return
 - Restart Contributions**
 - Suspend Contributions**
- (Please check all applicable, if you qualify under – see instructions on page 2)
- Age 50+ Catch Up**

Employee Information (Please Print)	Employee Name (first, middle initial, last)	Social Security Number
	_____	_____ - ____ - _____
	Employee Address (Street, City, State, ZIP Code)	Telephone Number
	_____	_____
Employer: Milwaukee Public Schools	Date of Birth (MM/DD/YYYY)	Email Address
	_____	_____

403(b) Salary Reduction Allocation Election	Effective with Paycheck Date: _____ (allow for at least one pay cycle to be effective) I elect to reduce my salary by \$ _____ each pay period for (check one): <input type="checkbox"/> 20 pay periods (for 10/11 month employees) OR <input type="checkbox"/> 24 pay periods (for 12 month employees employees); per calendar year and have that amount contributed to my Employer’s 403(b) program for an estimated annual contribution of \$ _____
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Money Source	<input type="checkbox"/> 403(b) Pre-Tax <input type="checkbox"/> Roth 403(b) After-Tax
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Investment Provider Allocation Election
*(Allocation must be in whole percents and must be equal to 100%)

Effective with Paycheck Date above, please allocate 403(b) contributions as follows:
(Employee is responsible for establishing an account with the Investment Provider before any amounts are contributed by the Employer to the Investment Provider)

Investment Provider	Plan Number	Account Number	*Allocation Percent	
			Pre-Tax	After-Tax ROTH
Voya 403(b)(1) Variable Annuity Product	VG0196			
Voya 403(b)(7) Mutual Fund Product	666278			
MetLife Expert Select (Mutual Funds)	1013891-02			
MetLife Financial Freedom Select (Variable Annuity)	0836786			
TIAA-CREF	403424			
WEA TSA Trust	800661			
Brighthouse				
			*100%	

In witness whereof, this Agreement has been executed by and on behalf of the parties in accordance with all of the terms and conditions contained above and on the second page of this document.

Employee Signature Date Representative Signature/Name of Company

Please note:

This Agreement is intended to meet the requirements of, and qualify under, Section 403(b) of the Internal Revenue Code of 1986, as amended, and of the plan adopted by Employer. The Employer and Employee agree that the employment agreement between Employer and Employee is being initiated or amended as stated above. This amendment is incorporated and made a part of the agreement as of the effective date above.

The terms of this Agreement are as follows: (1) The Agreement is a legal and binding contract and is irrevocable with respect to amount earned while it is in effect, and applies only to amounts earned while it is in effect; (2) It shall automatically apply to the employment agreement between Employer and Employee for each succeeding year unless amended or terminated by a written notice to one of Employer approved vendors; (3) It is suspended/terminable at any time for amounts not earned; (4) A termination request remains in effect unless or until a new Agreement is submitted; (5) It replaces any previous Agreement and therefore includes all applicable contribution choices; (6) Employee irrevocably waives and releases all present and future rights to receive payment of said amounts earned from Employer while this agreement is in effect in exchange for the payment of said amounts to the Employee's account with the Investment Provider or Providers identified above.

Combined contributions in the Pre-Tax 403(b) and the Roth 403(b) After-Tax may not exceed the limits of IRC 401(a)(30), 402(g)(1), 403(b)(1)(E), 415(c) and any other applicable IRC provisions.

Instructions for completing the top part of Page -1- of Salary Reduction Agreement:

Please follow these instructions and check the appropriate box on page 1 that pertains to you:

Initial 403(b) Salary Reduction Agreement

You have never contributed to the 403(b) Plan and would like to start contributing.

Change in Contribution Amount

You are currently contributing to the 403(b) Plan and would like to change the amount of your contributions.

Investment Provider Allocation, and/or Money Source (supersede any prior agreement)

You are currently contributing to the 403(b) Plan and would like to continue to contribute the same amount but with a different 403(b) vendor and/or Money Source (i.e. 403(b) pre-tax or ROTH 403(b) after-tax).

Terminate Agreement (Stop/Cancel)

You want to stop contributing to the 403(b) Plan.

Restart Contributions

You were contributing to the 403(b) Plan but not currently contributing and would like to start contributing again.

Suspend Contributions

You want to stop contributing to the 403(b) Plan but may want to contribute in the future.

Age 50+ Catch Up

You are above the age of 50 years and want to make additional contributions. Please verify the amount of such additional contributions with your investment provider.