



PEMBERTON TOWNSHIP SCHOOLS

DANIEL SMITH
School Business Administrator/Board Secretary

JEFFREY HAVERS
Superintendent

403(b) UNIVERSAL AVAILABILITY NOTICE

The Opportunity.

You have the opportunity to save for retirement by participating in the Pemberton Township School District's 403(b) plan ("Plan"). We recommend that all employees view a brief, 3-minute video presentation explaining what a 403(b) plan is, and how to contribute.

The video can be reached at www.403bwhyme.com.

If there are any questions, you may contact The OMNI Group at 877-544-6664.

How Can I Participate?

You can participate in the Plan with pre-tax contributions by completing and submitting a Salary Reduction Agreement ("SRA") online at <http://www.omni403b.com>, or by submitting a completed SRA form, which can be found on the same website, to The OMNI Group either by facsimile to (585) 672-6194 or by mail at 1099 Jay St., Bldg f, Rochester, NY, 14611 ("OMNI").

How Much Can I Contribute Annually?

You may contribute up to \$17,500 in 2014 this amount is subject to change annually. If you have at least 15 years of service with your employer or you are at least 50 years old, you may also be able to make additional catch-up contributions. For appropriate limits for your particular circumstances, please contact OMNI's Customer Care Center at 1-877-544-6664.

What If I Already Have An Account?

If you are already contributing to the Plan, and you want to change your contribution amount or service provider, simply complete and submit a new SRA. See directions above for on-line and paper submission options.

What If I do Not Want To Contribute?

If you do not want to take advantage of this program, simply submit an SRA with the option "I do not wish to participate at this time" selected. See directions above for on-line and paper submission options.

How Can I Get More Information?

You can access further information at www.omni403b.com or www.403bwhyme.com

PHONE: 609-893-8141 Ext. 1004 FAX: 609-874-7213 EMAIL: dsmith@pemb.org
Office: One Egbert Street, Pemberton, New Jersey 08068 • www.pemberton.k12.nj.us

Pemberton Learning Community: Pursuing Excellence One Child at a Time

403(b) SALARY REDUCTION AGREEMENT FORM (SRA) For Tax Sheltered Annuities and Custodial Accounts

- Please supply the information requested below.
- Read all agreements on this form before submitting.
- Fields having an asterisk notation are required.

IMPORTANT NOTICE: Before You Sign, Read All Information on this form:

A Tax Sheltered Annuity ("TSA") is an investment account that is set aside for your retirement (only), and is paid for with "pre-tax" dollars. A Custodial Account ("CA") is the group or individual custodial account or accounts, established for each Employee, by the Employer, or by each Employee individually, to hold assets of the Plan. Unless utilizing the catch-up provisions, your Maximum Allowable Contribution ("MAC") cannot exceed \$16,500 (\$22,000 if age 50 or over). Both TSA & CA receive tax deferred treatment.

Part 1: Employee Information

☐ Please check here if you have contributed to a 403(b) plan with another employer this calendar year. If so, please provide the amount of the year-to-date contributions you have made to the other employer's plan: \$ _____ and the name of the other employer: _____

* Social Security Number: _____ * First Name: _____ MI: _____ * Last Name: _____

* Address: _____

* City: _____ * State: _____ * Zip: _____

* Date of Birth: _____ * Phone: _____ * Email address: _____

Part 2: Employer Information

* Full Organization Name, City and State: _____

* Date of Hire: (mm/dd/yyyy) _____

Part 3: Contribution Information

OPTION 1: Recurring Contributions

WARNING!!! Any new recurring contributions will supercede all current recurring contributions to your employer's 403(b) plan administered by OMNI. If you are currently contributing to multiple service providers under your employer's 403(b) plan, please be sure to list all contributions you wish to continue. Any active 403(b) contributions found in our records, but not listed below **WILL BE DISCONTINUED**.

Also, a contribution may be discontinued by listing it below with an amount of zero.

Please withhold funds from my pay for the following 403(b) contributions until further notice:

Plan Type	Service Provider	Account #	Effective Date	Amount Per Pay	OR	Percent Per Pay Period
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	_____	_____	_____	_____		_____
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	_____	_____	_____	_____		_____
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	_____	_____	_____	_____		_____
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	_____	_____	_____	_____		_____
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	_____	_____	_____	_____		_____

If you have requested a percentage amount for any of the contributions above, please supply:

Your Annual Salary: _____ Number of Pay Periods Per Year: _____

☐ Please check here if you are NOT a full-time employee

OPTION 2: One-Time Contributions (Elective Contributions Only)

Plan Type	Service Provider	Account #	Effective Date	Amount	After this contribution, any 403(b) recurring contributions to this service provider should be:
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	_____	_____	_____	_____	<input type="checkbox"/> DISCONTINUED <input type="checkbox"/> RESUMED
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	_____	_____	_____	_____	<input type="checkbox"/> DISCONTINUED <input type="checkbox"/> RESUMED
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	_____	_____	_____	_____	<input type="checkbox"/> DISCONTINUED <input type="checkbox"/> RESUMED
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	_____	_____	_____	_____	<input type="checkbox"/> DISCONTINUED <input type="checkbox"/> RESUMED
<input type="checkbox"/> 403(b) <input type="checkbox"/> ROTH 403(b)	_____	_____	_____	_____	<input type="checkbox"/> DISCONTINUED <input type="checkbox"/> RESUMED

☐ Please check here if you are NOT a full-time employee

OPTION 3: Participation Opt Out

☐ I do not wish to participate at this time. I understand that I may participate in the future simply by filling out a new Salary Reduction Agreement form.

Part 4: Agreements and Acknowledgements

The above named Employee where applicable, agrees as follows:

1. To modify his/her salary reduction as indicated above.
2. That his/her Employer transfers the above stated funds on Employee's behalf to OMNI for remittance to the selected Service Provider(s).
3. This SRA is legally binding and irrevocable with respect to amounts paid.
4. This SRA may be changed with respect to amounts not yet paid.
5. This SRA may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new SRA is submitted.
6. (a) That OMNI does not choose the annuity contract or custodial account in which your contributions are invested.
(b) OMNI does not endorse any authorized Service Provider, nor is it responsible for any investments.
(c) OMNI makes no representation regarding the advisability, appropriateness, or tax consequences of the purchase of the TSA and/or CA described herein.
(d) (i) OMNI shall not have any liability whatsoever for any and all losses suffered by Employee with regard to his/her selection of the TSA and/or CA, its terms, the selection of any service provider, the financial condition, operation of or benefits provided by said service provider, or his/her selection and purchase of shares by any service provider. Nothing herein shall affect the terms of employment between Employer and Employee.
(ii) Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness, or tax consequences of the purchase of the annuity and/or custodial account described herein.
(iii) The Employer shall not have any liability for any and all losses suffered by an Employee with regard to the selection(s) of any TSA and/or CA, any related terms and conditions, the selection of any service provider, the financial condition, operation of or benefits provided by any service provider or the selection and purchase of shares by any service provider.
7. To be responsible for setting up and signing the legal documents necessary to establish a TSA or CA.
8. To be responsible for naming a death beneficiary under their TSA or CA. This is normally done at the time the contract or account is established. Beneficiary designations should be reviewed periodically.
9. When provided all required information in a timely manner, OMNI is responsible for determining that salary reductions do not exceed the allowable contribution limits under applicable law, and will complete MAC calculations as required by law.
10. To contact OMNI and complete the appropriate OMNI forms for any requests for distributions, loans, hardship withdrawals, account exchanges plan-to-plan transfers or rollover contributions. Processing fees for the foregoing transactions may apply.
11. This SRA is subject to the terms of the Services Agreement between OMNI and Employer, and to the Information Sharing Agreement between OMNI and the Service Providers, copies of which may be obtained from Employer.
12. This agreement supercedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

Part 5: Employee Signature (Mandatory)

I certify that I have read this complete agreement and that my salary reductions do not exceed contribution limits as determined by applicable law. I understand my responsibilities as an Employee under this Program, and I request that Employer take the action specified in this agreement. I understand that all rights under the TSA or CA established by me under the Plan are enforceable solely by my beneficiary, my authorized representative or me.

Employee Signature Date

Part 6: Acknowledgement and Representation of Sales Agent/Representative (If Applicable)

I agree to comply with all pertinent written directives regarding the solicitation of Employee. A calculation of maximum allowance will be provided annually for Employee contributing more than \$16,500 (\$22,000 if over 50) or utilizing the "catch-up provisions". Furthermore, my employer (name) agrees to indemnify and hold harmless the Employer, any individual member of the governing board and the Employee participating in the 403(b) Program against any claims based on an error in the MAC I provided, except where the error is based upon erroneous information provided by Employer or Employee. Additionally, I will notify OMNI regarding any distributions or loans to participants.

Sales Agent/Representative Name: Phone:

Address:

Signature: Date:

Part 7: Employer Acknowledgement (If Applicable)

Salary: # of TSA/CA Pay Periods: Effective Payroll Date:

Employer Name & Title:

Employer Signature: Date:

Please return this agreement to The OMNI Group, unless otherwise advised by your employer:

The OMNI Group
Watertown Office Park • 1099 Jay Street, Building F • Rochester, NY 14611
Toll Free: (877) 544-OMNI • Fax: (585) 672-6194
Please visit our website at www.omni403b.com

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457 SALARY REDUCTION AGREEMENT FORM (SRA) For Tax Sheltered Annuities and Custodial Accounts

- Please supply the information requested below.
- Read all agreements on this form before submitting.
- Fields having an asterisk notation are required.

IMPORTANT NOTICE: Before You Sign, Read All Information on this form:

A Tax Sheltered Annuity ("TSA") is an investment account that is set aside for your retirement (only), and is paid for with "pre-tax" dollars. A Custodial Account ("CA") is the group or individual custodial account or accounts, established for each Employee, by the Employer, or by each Employee individually, to hold assets of the Plan. Unless utilizing the catch-up provisions, your Maximum Allowable Contribution ("MAC") cannot exceed \$16,500 (\$22,000 if age 50 or over). Both TSA & CA receive tax deferred treatment.

Part 1: Employee Information

- ☐ Please check here if you have contributed to a 457 plan with another employer this calendar year. If so, please provide the amount of the year-to-date contributions you have made to the other employer's plan: \$ and the name of the other employer:

* Social Security Number: * First Name: MI: * Last Name:
 * Address:
 * City: * State: * Zip:
 * Date of Birth: * Phone: * Email address:

Part 2: Employer Information

* Full Organization Name, City and State: * Date of Hire: (mm/dd/yyyy)

Part 3: Contribution Information

OPTION 1: Recurring Contributions

WARNING!!! Any new recurring contributions will supersede all current recurring contributions to your employer's 457 plan administered by OMNI. If you are currently contributing to multiple service providers under your employer's 457 plan, please be sure to list all contributions you wish to continue. Any active 457 contributions found in our records, but not listed below **WILL BE DISCONTINUED**. If you simply wish to discontinue a contribution, fill in an amount of zero.

Please withhold funds from my pay for the following 457 contributions until further notice:

Service Provider	Account #	Effective Date	Amount Per Pay	OR	Percent Per Pay Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>

If you have requested a percentage amount for any of the contributions above, please supply:

Your Annual Salary: Number of Pay Periods Per Year:

- ☐ Please check here if you are NOT a full-time employee

OPTION 2: One-Time Contributions (Elective Contributions Only)

Service Provider	Account #	Effective Date	Amount	After this contribution, any 457 recurring contributions to this service provider should be:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> DISCONTINUED	<input type="checkbox"/> RESUMED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> DISCONTINUED	<input type="checkbox"/> RESUMED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> DISCONTINUED	<input type="checkbox"/> RESUMED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> DISCONTINUED	<input type="checkbox"/> RESUMED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> DISCONTINUED	<input type="checkbox"/> RESUMED

- ☐ Please check here if you are NOT a full-time employee

OPTION 3: Participation Opt Out

- ☐ I do not wish to participate at this time. I understand that I may participate in the future by filling out a new Salary Reduction Agreement form.

Part 4: Agreements and Acknowledgements

The above named Employee where applicable, agrees as follows:

1. To modify his/her salary reduction as indicated above.
2. That his/her Employer transfers the above stated funds on Employee's behalf to OMNI for remittance to the selected Service Provider(s).
3. This SRA is legally binding and irrevocable with respect to amounts paid.
4. This SRA may be changed with respect to amounts not yet paid.
5. This SRA may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new SRA is submitted.
6. (a) That Omni does not choose the annuity contract or custodial account in which your contributions are invested.
(b) Omni does not endorse any authorized Service Provider, nor is it responsible for any investments.
(c) Omni makes no representation regarding the advisability, appropriateness, or tax consequences of the purchase of the TSA and/or CA described herein.
(d) (i) Omni shall not have any liability whatsoever for any and all losses suffered by Employee with regard to his/her selection of the TSA and/or CA, its terms, the selection of any service provider, the financial condition, operation of or benefits provided by said service provider, or his/her selection and purchase of shares by any service provider. Nothing herein shall affect the terms of employment between Employer and Employee.
(ii) Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness, or tax consequences of the purchase of the annuity and/or custodial account described herein.
(iii) The Employer shall not have any liability for any and all losses suffered by an Employee with regard to the selection(s) of any TSA and/or CA, any related terms and conditions, the selection of any service provider, the financial condition, operation of or benefits provided by any service provider or the selection and purchase of shares by any service provider..
7. To be responsible for setting up and signing the legal documents necessary to establish a TSA or CA.
8. To be responsible for naming a death beneficiary under their TSA or CA. This is normally done at the time the contract or account is established. Beneficiary designations should be reviewed periodically.
9. When provided all required information in a timely manner, Omni is responsible for determining that salary reductions do not exceed the allowable contribution limits under applicable law, and will complete MAC calculations as required by law.
10. To contact Omni to start the process on any requests for loans, hardship withdrawals, account exchanges or plan-to-plan transfers.
11. This SRA is subject to the terms of the Services Agreement between Omni and Employer, and to the Information Sharing Agreement between Omni and the Service Providers, copies of which may be obtained from Employer.
12. This agreement supersedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

Part 5: Employee Signature (Mandatory)

I certify that I have read this complete agreement and that my salary reductions do not exceed contribution limits as determined by applicable law. I understand my responsibilities as an Employee under this Program, and I request that Employer take the action specified in this agreement. I understand that all rights under the TSA or CA established by me under the Plan are enforceable solely by my beneficiary, my authorized representative or me.

Employee Signature

Date

Part 6: Acknowledgement and Representation of Sales Agent/Representative (If Applicable)

I agree to comply with all pertinent written directives regarding the solicitation of Employee. A calculation of maximum allowance will be provided annually for Employee contributing more than \$16,500 (\$22,000 if over 50) or utilizing the "catch-up provisions". Furthermore, my employer (name) _____ agrees to indemnify and hold harmless the Employer, any individual member of the governing board and the Employee participating in the 457 Program against any claims based on an error in the MAC I provided, except where the error is based upon erroneous information provided by Employer or Employee. Additionally, I will notify OMNI regarding any distributions or loans to participants.

Sales Agent/Representative Name:

Phone:

Address:

Signature:

Date:

Part 7: Employer Acknowledgement (If Applicable)

Salary:

of TSA/CA Pay Periods:

Effective Payroll Date:

Employer Name & Title:

Employer Signature:

Date:

Please return this agreement to The Omni Group, unless otherwise advised by your Employer:

The OMNI Group

Watertown Office Park • 1099 Jay Street, Building F • Rochester, NY 14611

Toll Free: (877) 544-OMNI • Fax: (585) 436-3633

Please visit our website at www.omni403b.com

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