



**Vanguard**<sup>®</sup>

**403(b) Contribution Form:  
Salary Reduction Agreement**

**Plan Name:** Jasper County Board of Education 403(b)

After signing this agreement, submit the completed form to the JCCS Payroll Office for processing.  
Retain a copy for your records.

**I. Plan Participant Information:**

Name (First)		(Middle Initial)	(Last)	Social Security Number/Tax ID
Date of Birth (mm/dd/yyyy)	Daytime Telephone Number		E-mail	
Street Address			City, State Zip	

**II. Reason for Salary Reduction (required):**

- New Enrollment
  Change
  Terminate Salary Reduction

**III. Elective Deferral Authorization (required):**

I agree to make elective contributions to the 403(b) plan as follows:

Commencing on \_\_\_\_\_, defer \$\_\_\_\_\_ each pay period.  
Date (MM/DD/YYYY)

**IV. Signature of Plan Participant (required):**

I understand that this salary reduction agreement shall remain in effect until I revoke or change it in writing. By signing below, I certify that the information I provided in the preceding sections is accurate and complete. I further certify that the number shown is my correct Social Security Number/Tax Identification Number.

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Plan Participant Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**V. Signature of Plan Administrator (required):**

I certify that the individual referenced in section I is a Participant under the plan.

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Plan Administrator Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_