TRUMBULL COUNTY EDUCATIONAL SERVICE CENTER **SECTION 403(B) PLAN**

SALARY REDUCTION AGREEMENT

	As an eli	gible e	employee	under the	Trumbull	County	Educational	Service	Center	Section
403(b)	Plan (the	"Plan"	''), I hereb	v elect the	e following					

I acknowledge that I will be board member advised me in Treasurer, nor the investment	nowledge that I have received a copy of and agree that I have selected my Plan Coe the owner of the Plan Contract; that neither or other employee of the Board, has in regard to my selection of a Plan Contror any board member or other employee of ant performance under the Plan Contract, the matters pertaining to the Plan Contract. Date	ontract pursuant to my own free will, and ner the Board, nor the Treasurer, nor any given me any advice or has otherwise ract; and that neither the Board, nor the the Board, is in any way responsible for
I acknowledge that I will be board member advised me in Treasurer, nor the investment	e and agree that I have selected my Plan Co the owner of the Plan Contract; that neith her or other employee of the Board, has in regard to my selection of a Plan Contr or any board member or other employee of ant performance under the Plan Contract, the	ontract pursuant to my own free will, and ner the Board, nor the Treasurer, nor any given me any advice or has otherwise ract; and that neither the Board, nor the the Board, is in any way responsible for
under the Platlaw; and that calendar year I undesubmitting a resto this Agreer the date that I this Agreeme and that any retail advise that I advise that	nowledge and agree that for each calendar an will be subject to certain limits that are at the Plan Administrator may therefore limits to that they will not exceed those limits. Iderstand that I may amend this Salary mew Salary Reduction Agreement to the Trament cannot be made effective until the first I file a new Agreement with the Treasurer's ent at any time, by submitting a written revocation of this Agreement cannot be much the Treasurer's office that I wish to cease acknowledge and agree that my Salary Reduction and the Plan.	Reduction Agreement at any time, by easurer's office; and that any amendment it payroll date that is at least 15 days after 's office. I understand that I may revoke vocation notice to the Treasurer's office; ade effective until 15 days after the date making Election Contributions under the duction Agreement will be suspended for
	Plan Contract:	
•	I elect that my Elective Contributions und	der the Plan be paid over to the following
	deductions will be taken from my suppler	n. [I acknowledge and agree that no
•	I elect to have \$ deducted "Elective Contribution" under the Plan	each month from my paychecks as an