

**TAX-SHELTERED ANNUITY SALARY MODIFICATION AGREEMENT**

LAKE LOCAL SCHOOL DISTRICT BOARD OF EDUCATION  
11936 KING CHURCH AVE. N.W., UNIONTOWN, OH 44685

\_\_\_\_\_  
Employee's Name (please print)

\_\_\_\_\_  
(Social Security No.)

Effective with the payroll to be issued on \_\_\_\_\_, 2\_\_\_\_\_, you are hereby authorized to:

1. Reduce my gross annual cash compensation by the sum of \$\_\_\_\_\_ annually,  
\$\_\_\_\_\_ for each of the 24 applicable tax sheltered payrolls of the contract year.

CHECK ONLY ONE BOX

2.  Original or first authorization for an annuity.  
 Cancel current annuity.  
 Increase current annuity.  
 Decrease current annuity.

3. You are authorized to use the reduction amount for the purchase and payment of annuity from:

\_\_\_\_\_  
Company Name

I hereby release all and any right to the reduction amount and agree to accept the annuity in lieu of it. I further acknowledge that the Lake Local School District Board of Education has no responsibility or liability beyond transmission of funds.

The annuity is to be for my sole benefit and exclusive ownership. This annuity purchase is to be made pursuant to the provisions of Section 403 (B) of the Internal Revenue Code, and Section 3917.04 of the Revised Ohio Code. I authorize Lake Local School District to perform any and all acts necessary to accomplish this annuity purchase.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**EMPLOYER CERTIFICATION**

Your salary reduction modification request has been received and processed.

THE FIRST PAYROLL DEDUCTION WILL BE REFLECTED ON YOUR PAYCHECK OF \_\_\_\_\_

\_\_\_\_\_  
District Representative

\_\_\_\_\_  
Date