



SALARY REDUCTION AGREEMENT

Division Office Stamp

P.O. Box 29217 Shawnee Mission, KS 66201-9217
Fax Number: 1.800.532.2749

For Waddell & Reed use ONLY Adv/Rep Name: STANIEWICZ Adv/Rep Number: 47297 R/D: 8830-14

1. EMPLOYER AND EMPLOYEE IDENTIFICATION

- Request No Billing Statement (Allocation information Only)
- TSA/403(b) SIMPLE IRA InvestEd 529 Exclusive(k)
- SARSEP Roth 401(k) Roth 403(b) Other _____

SAU #18- Franklin School District
 Name of Employer (Please print - do no abbreviate)
 119 Central Street
 Street Address
 Franklin, NH 03235
 City/State/Zip

Name of Employee (Please print)

 Employee Account Number (if assigned)

 Employer Group Number (if assigned)

2. PAYMENT AGREEMENT

The Employee and the Employer hereby agree to reduce the Employee's compensation by:

- Equal amounts of \$ _____ per pay period beginning _____, 20 _____
- Amounts equal to _____ % of compensation per pay period beginning _____, 20 _____
- If eligible, I am contributing an additional amount using the age 50+ catch up election.
- If eligible, I am contributing an additional amount using the 15-year service increased limit.

3. INVESTMENT ALLOCATION (The Employer and Employee agree as follows):

Enter the amount(s) that is/are to appear on each statement sent to the Employer.

Fund Number(s) <small>(Refer to Fund Reference Card CSF-1824)</small>	Employer Contributions <small>(Indicate dollars or whole percentages)</small>	Employee Contributions <small>(Indicate dollars or whole percentages)</small>	Insurance Code
_____	_____ <input type="checkbox"/> \$ <input type="checkbox"/> %	_____ <input type="checkbox"/> \$ <input type="checkbox"/> %	Nationwide NATW Policy Number _____
_____	_____ <input type="checkbox"/> \$ <input type="checkbox"/> %	_____ <input type="checkbox"/> \$ <input type="checkbox"/> %	United Investors Life UIL Policy Number _____
_____	_____ <input type="checkbox"/> \$ <input type="checkbox"/> %	_____ <input type="checkbox"/> \$ <input type="checkbox"/> %	Other Policy Number _____
_____	_____ <input type="checkbox"/> \$ <input type="checkbox"/> %	_____ <input type="checkbox"/> \$ <input type="checkbox"/> %	
TOTAL*	_____ <input type="checkbox"/> \$ <input type="checkbox"/> %	TOTAL*	_____ <input type="checkbox"/> \$ <input type="checkbox"/> %

*Percentages must equal 100%

4. BILLING INFORMATION

- Establish periodic Billing Statement beginning with first day selected. _____
- Change current billing information for above Employee.
- Add Employee to current Billing Statement.

FREQUENCY: Monthly Biweekly - Mailed every other week
 Semimonthly - Mailed twice a month Weekly

5. AUTHORIZATION *(The amount of the salary reduction shall be paid by the Employer on a periodic basis and sent to):*

WADDELL & REED SERVICES COMPANY
P.O. BOX 29217
SHAWNEE MISSION, KS 66201-9217

The Employee hereby elects to contribute to the above Employer's Plan as indicated above and authorizes the Employer to deduct the designated amounts from his/her pay for deposit into the Plan.

If participant direction is marked on the Adoption Agreement, the Employee understands the Employer, Custodian or the Plan Trustee(s) may have limited responsibility with respect to managing the investment or reinvestment of the assets held in the Plan for the Employee's benefit, it being understood the Employee has responsibility for the selection of the investments.

This Agreement will continue to be effective while the above named individual is employed, unless he/she changes or terminates it. The Employee acknowledges that he/she has read this entire Agreement, understands it and agrees to the terms.

SIGN HERE ▶	_____ Signature of Authorized Employer	_____ Printed Name	_____ Date
SIGN HERE ▶	_____ Signature of Employee	_____ Printed Name	_____ Date
SIGN HERE ▶	_____ Signature of Advisor / Representative	Bonnie L. Staniewicz Printed Name	_____ Date 47297 Advisor No.