

Waterloo CSD

403(b) UNIVERSAL AVAILABILITY NOTICE

THE OPPORTUNITY

You have the opportunity to save for retirement by participating in your employer's 403(b) retirement plan. A 403(b) plan is a retirement plan for certain employees of public schools, tax-exempt organizations and ministers. Contributions are made under a Salary Reduction Agreement (SRA) with your employer. This agreement allows your employer to withhold money from your paycheck to be contributed directly into a 403(b) account for your benefit. Usually, you do not pay income tax on these contributions until you withdraw them from the account.

We recommend that all employees view a brief 3-minute video presentation called "403(b) Why me?", which explains the 403(b) plan and how to contribute. The video can be viewed on OMNI's website at www.403bwhyme.com.

WHY SAVE WITH 403(B)?

- You do not pay income tax on allowable contributions until you begin making withdrawals from the plan, usually after your retirement.
- Investment gains in the plan are not taxed until distributed.
- Retirement assets can be carried from one employer to another in most cases.



Sample of Future Retirement Savings Value
Assuming 6% Yield on Investment **

Monthly Contributions	5 Years	15 Years	20 Years
\$50	\$3,489	\$14,541	\$23,102
\$200	\$13,954	\$58,164	\$92,408
\$500	\$34,885	\$145,409	\$231,020

** OMNI[®] does not offer financial advice. Always consult your financial advisor before investing. For more information about 403(b) Plans, visit the [IRS website](http://IRS).

HOW CAN I PARTICIPATE?

Prior to contributing you must open an account with an investment provider participating in the Plan, a list of which is available to the right. You may then complete a Salary Reduction Agreement online at www.omni403b.com.

HOW MUCH CAN I CONTRIBUTE ANNUALLY?

You may contribute up to \$18,000 in 2017. If you have at least 15 years of service with your employer or you are at least 50 years old, you may be entitled to make additional contributions. For appropriate limits for your particular circumstances, please contact OMNI's Customer Care Center at 877-544-6664.

WHAT IF I ALREADY HAVE AN ACCOUNT?

If you are already contributing to your employers' Plan and you want to change your contribution amount or investment provider, simply complete and submit a new SRA.

New accounts may be opened with the following approved service providers

Aspire Financial Services
AXA Equitable Life Insurance Company
Foresters Financial (First Investors)
Lincoln Investment Planning
MetLife
MetLife of CT (Travelers)
Oppenheimer Shareholder Svcs.
RiverSource Life Insurance Co of NY
Security Benefit
The Legend Group/ADSERV
Voya Financial (VRIAC)



OMNI OnlineSM Secure Portal [Forgot my login ID / Email/Pass](#)

User: _____

Password: _____

LOGIN

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Plan Details

Waterloo CSD, Waterloo NY

403(b) Plan Details:

Current Plan Status: Active

Plan Features

Eligible Employees
All Employees

Employer Non-Elective Contributions
Available

Loans
Available for qualified applicants

Financial Hardship Distribution
Available for qualified applicants

Transfers Into Plan (A transfer of assets from one employer's 403(b) plan to another)
Available

Transfers Out of Plan (A transfer of assets from one employer's 403(b) plan to another)
Available

Rollover Contributions (A contribution of a distribution from another plan (i.e. 401(k), 457, IRA))
Please call OMNI to inquire.

ROTH 403(b)
Not Available

Contract Exchanges (a change of investment within a 403(b) plan)
Available. Please note that a new investment provider must be participating in your Employer's 403(b) plan. A list of your Employer's participating providers can be found under the *Participating Service Providers* section.

Distributions (i.e. Separation from Service, Attainment of 59 ½ years of age, Permanent Disability, or Death)
Available

Participating Service Providers



Agent Info Available
Click icon next to fund name for details.

Online Enrollment Available
Click icon next to fund name for details.

Aspire Financial Services

AXA Equitable Life Insurance Company

Foresters Financial (First Investors)

Lincoln Investment Planning

MetLife

MetLife of CT (Travelers)

Oppenheimer Shareholder Svcs.

RiverSource Life Insurance Co of NY

Security Benefit

The Legend Group/ADSERV

Voya Financial (VRIAC)

Effective July 1 2012, the following Service Providers are no longer authorized to establish new 403(b) accounts. Please note, Employees contributing to one of these service providers as of July 1, 2012 may continue their contributions without interruption.

Capital Bank & Trust
Putnam Investments

For any questions concerning your employers list of participating providers, please contact OMNI at 877-544-6664.

[View OMNIOnline for Participants Tutorial](#)

Forms

Salary Reduction Agreement (SRA):
 [Salary Reduction Agreement - PDF](#)

Service Based Catch-Up Request:

[Online Request Form](#)

[Downloadable PDF Version](#)

Plan Transactions:

For assistance determining the proper service provider transaction form to submit for your situation, please review our [Transaction Instructions page](#) for more information

[Death Claim](#)

[Disability](#)

[Distribution](#)

[Exchange](#)

[Hardship](#)

[Loan](#)

[QDRO](#)

[Required Minimum Distribution](#)

[Rollover](#)

[Service Credit](#)

[Transfer](#)

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403b Plan Providers for Waterloo CSD

**Updated: 10/22/14
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AXA Equitable Life Insurance Company

Greg Ronneburger

Phone: 315.425.6334

Email: Gregory.ronneburger@axa-advisors.com

Website: www.cnyretirementplanning.com

Lincoln Investment Planning

Terri Trotta, CPA

6780 Pittsford-Palmyra Road, Building 2D

Fairport, NY 14450

Phone: 585.678.9440

Cell: 585.217.1173

Website: www.lincolninvestment.com

Oppenheimer Shareholder Services

Oppenheimer funds are distributed by OppenheimerFunds Distributor, Inc.

225 Liberty Street, New York, NY 10281-1008

Phone: 1.800.225.5677

Website: www.oppenheimerfunds.com

RiverSource Life Insurance Co. of NY

Service address:

70122 Ameriprise Financial Center

Minneapolis, MN 55474

Phone: 1.800.504.0469

Website: www.riversource.com

MetLife of CT (Travelers)

Mitchell Eiss, CFP

Phone: 914.372.2973

Email: meiss@metlife.com

Website: www.saveforthefuture.com

Security Benefit

One Security Benefit Place

Topeka, KS 66636

Speak with an Associate (at service center) 785.438.3000 or 800.888.2461

Fax: 785.368.1772

Website: www.securitybenefit.com

Return to District Office.



SRA MANAGEMENT TEAM

1099 Jay Street, Bldg F, 2nd Fl • Rochester, NY 14611

PH: 1.877.544.6664 • WEB: www.omni403b.com • FAX: 1.585.672.6194

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.

403(b)

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 \$18,000 (\$24,000 if age 50 or over). Both TSA & CA receive tax deferred treatment.

Part 1: Employee Information

Please check here if you have contributed to another 403(b) or 401(k) 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:

Table with columns: Plan Type, Service Provider, Account #, Effective Date, Amount Per Pay, OR, Percent Per Pay Period. Includes rows for 403(b) and ROTH 403(b) contributions.

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)

After this contribution, any 403(b) recurring contributions to this service provider should be:

Table with columns: Plan Type, Service Provider, Account #, Effective Date, Amount, DISCONTINUED, RESUMED. Includes rows for 403(b) and ROTH 403(b) contributions.

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.
(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.
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.
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.
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.
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 requested salary reduction(s), if in excess of my base limit, represent(s) my wish to utilize any catch-up provisions for which I may be eligible. I further certify 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 \$18,000 (\$24,000 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: []

Email: []

Signature: [] Date: []

I wish the above named agent to be copied on all e-mail communications sent to the plan participant, including certificate(s) of approval, which may be associated with this transaction.

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
Water Tower 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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