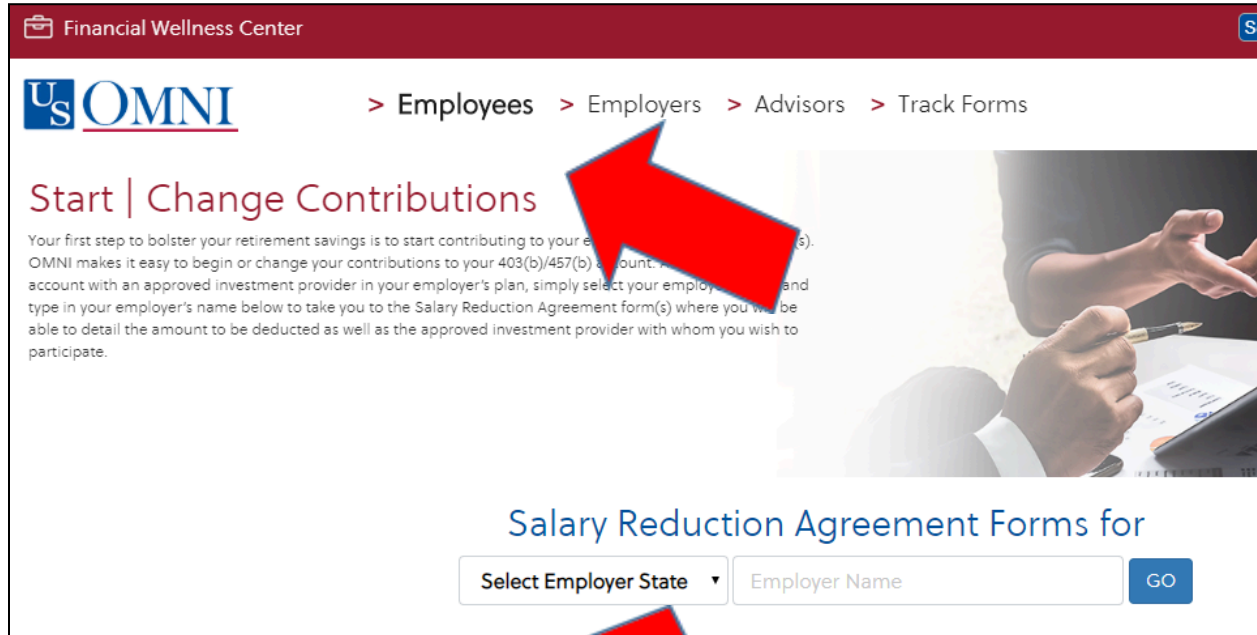


OMNI DIRECTIONS

OMNI is our third party host of all additional retirement accounts. Please be enrolled with one of our participating service vendors, then you need to enter your information on the OMNI Website.

1. Go to www.omni403b.com and hover over “Employees” and click on Start/Change Contributions.



Financial Wellness Center

US OMNI > Employees > Employers > Advisors > Track Forms

Start | Change Contributions

Your first step to bolster your retirement savings is to start contributing to your employer's plan(s). OMNI makes it easy to begin or change your contributions to your 403(b)/457(b) account. To begin or change your account with an approved investment provider in your employer's plan, simply select your employer and type in your employer's name below to take you to the Salary Reduction Agreement form(s) where you will be able to detail the amount to be deducted as well as the approved investment provider with whom you wish to participate.

Salary Reduction Agreement Forms for

Select Employer State ▼ Employer Name

2. On this same page, you will use the drop down box to select Employer State: (Wisconsin) and you will enter Employer Name: (Middleton-Cross Plains Area School Dist.) Once populated, click on “GO”.

3. Then you will select the option that works best for you and click on “Let’s begin”.

Salary Reduction Agreement Forms for Middleton-Cross Plains Area WI

403(b)

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 or accounts, established for each Employee, by the Employer, or by each Employee individually, to hold assets of the Plan. Maximum Allowable Contribution (“MAC”) cannot exceed \$19500 (\$26,000 if age 50 or over) for 2020. Both TSA & CA receive tax deferred treatment.

- ☒ **!!New!! 403 (b) SRA Express Shortened Online Form**
This Salary Reduction Agreement Short Form is being offered by OMNI to streamline the process by which new participants may begin making an investment account
- ☐ 403(b) Online SRA Submission
- ☐ 403(b) SRA PDF Downloadable Version

Choose your form!

Let's begin!

4. Follow the step-by-step directions to complete the document. Submit your information by clicking “Submit to OMNI” (at the bottom of the page).

**Some forms, you might need to confirm all data and re-enter in your social security number.

8. To be responsible for naming a death beneficiary under their TSA or CA. This is normally done at the time the contract or account is established. Beneficiary designations should be reviewed periodically.

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, and will complete MAC calculations as required by 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. Processing fees for the foregoing transactions may apply.

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, copies of which may be obtained from Employer.

12. This agreement supersedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

submitting this agreement to OMNI, I hereby confirm that the information on this form is correct and complete to the best of my knowledge. 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 I will notify OMNI in the event I begin contributing to another 403(b), 401(k) or 401(a) plan. 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. 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 the allowable 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 annuity or custodial account established by me under the Program are enforceable solely by my beneficiary, my authorized representative or me.

Submit to OMNI

© All rights reserved. No part of this SRA may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from U.S. OMNI. Requests for permission to reproduce content should be directed to the Legal Department, OMNI, Legal@omni403b.com

5. Once submitted, you get a tracking/confirmation number (which you can print). Then, OMNI will notify the Payroll Department of all requests/changes. Payroll will contact you directly if any issues arise.

403(b) SALARY REDUCTION AGREEMENT FORM for Middleton-Cross Plains Area School Dist. [Middleton, WI]

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 \$19500 (\$26000 if age 50 or over) for 2020. Both TSA & CA receive tax deferred treatment.

Step 1 of 3: Supply Information

- The tracking number for your request is 1405067.
- We will review your request and advise.

Step 2 of 3: Confirm Entries

Print or Save a copy of this confirmation for your records

Step 3 of 3: Submission Confirmation

You can print this confirmation page

☐ Please check here if you have contributed to a 403(b), 401(a), or 401(k) plan in the last calendar year

Amount for prior year-to-date: Prior Plan:

First Name test Last Name test M Maiden

Address 123 main st

City MIDDLETON State WI Zip 53562 Phone Number 5551231234

Email test@mcpsd.k12.wi.us ReEnter Email test@mcpsd.k12.wi.us

Social Security # *****6789 Birth Date 01/01/1990 Hire Date 01/01/2020

☐ There is a financial advisor/representative associated with this transaction

Agent Name: