Perth Amboy Board of Education

ADMINISTRATION HEADQUARTERS BUILDING 178 Barracks Street Perth Amboy, New Jersey 08861 Tel: (732) 376-6200 Fax: (732) 638-1004



Michael LoBrace School Business Administrator/ Board Secretary

TAX-SHELTERED ACCOUNTS: 403(B)

A tax-sheltered account is an investment option that will allow you to invest money directly from your salary on a tax-deferred basis, for your future. The investments provided by 403(B) plans are in mutual funds and annuities (insurance). The Perth Amboy Board of Education has approved the following companies to offer these types of investments to our district employees:

- The Equitable
- Lincoln Investments
- MetLife Resources
- AIG/VALIC

The maximum amount that may be invested in a given calendar year must coincide with the "limitations set forth in P.L. 93-406 (Employment Retirement Income Security Act of 1974) and Section 415(c) of the Internal Revenue Code of 1954 as amended." To determine what the current limits are, you may view www.urs.gov or

Enclosed is the "Salary Modification" form that authorizes that deductions from your salary are to be deposited into the tax-sheltered account that you have chosen. After contacting the investment company you have chosen from the list, complete the top part of the form and submit it to your investment professional. The investment professional will certify the amount that you have authorized to be deducted from your salary, and they will return this form to the payroll office. **NO** deductions will be made unless both parties have completed and signed the form, and it is also signed by the business administrator.

Please direct all investment questions to the investment firms listed above.

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The Perth Amboy Board of Education recognizes the following approved companies for <u>Tax Sheltered</u> <u>Companies:</u>

• Equitable/AXA Advisors

333 Thornall Street, 8th Floor Edison, NJ 08837-2220

Alan Friedman, <u>alan.friedman@axa-advisors.com</u> (732) 452-6918 Cesare Cagnina, <u>cesare.cagnina@axa-advisor.com</u> (732) 452-7246

• <u>Lincoln Investment Planning, Inc.</u>

485C Route 1 South, Suite 215

Iselin, NJ 08830

Joseph Caterina, jcaterina@lincolninvestment.com (646) 239-9138 Cell

(732) 874-5942, Ext. 5309 Office

107 South Avenue West, Suite 2A

Cranford, NJ 07016

Scott Wands, swands@lincolninvestment.com (800) 528-8924, Ext. 16 Office

MetLife

1305 Campus Parkway, Wall Township, NJ 07753-6819 Dina DelRe, ddelre@financialguide.com (908) 812-0751

Woodbridge Financial Services

Valerie Quartiere, vquartiere@woodburyfinancial.net (732) 757-5387

• The Variable Annuity Life Insurance Company

VALIC

90 Woodbridge Center Drive

Woodbridge, NJ 07095 (732) 596-1600 David Dobin, <u>david.dobin@valic.com</u> (732) 693-5889 Cell

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SALARY MODIFICATION FORM

By this	agreement between(Print Name of Employ		
			(SS #)
and the	Board of Education of the City of Perth Amboy (employ	ver) the parties agree as for	ollows:
1.	Effective with the amounts earned on or after the	day of	, 2022,
	the employer agrees to reduce the employee's annual sa	lary by \$	and pay a like amount to
	for the purchase of a Tax-Sheltered Annuity contract as		
	described in Section 403(B) of the Internal Revenue Code.		
2.	The Amount of reduction in accordance with R.S. 52-18A-113 shall not exceed the limitations set forth in P.L.		
	93-406 (Employment Retirement Income Security Act of 1974 and Section 415(c) of the Internal Revenue Code		
	of 1954 as amended for such year. For 2022, the maximum contribution limit is: \$20,500 and participants aged		
	50 or older may make an additional catch-up contribution in the amount of \$6,500.		
3.	Either party may terminate the agreement upon written request.		
4. Any reduction of salary agreed to there under should be deemed a reduction in salary for the purpose			salary for the purpose of obtaining
	the benefits afforded under the Federal Internal Revenue Code and shall be the determination based upon the total amount of the employee's salary. Please make sure that the monthly amount multiplied by 10 or 12 months equals		
	the annual amount.		
		Monthly Amount:	\$
		Annual Amount:	\$
		☐ 10-Month Deduction	12 Month Deduction
	Signature of Employee		Date
Certific	ation		
The abo	eve mentioned insurance company guarantees the maximum exthe maximum allowable by law. Company will pay any interest and that the maximum exclusion allowance has been exceeded	st or penalties imposed on the	
Company Stamp Below: -		Signature of Authorized Office	
		Prin	Print Name and Title
MUST	HAVE ORIGINAL SIGNATURE OF ALL PARTIES:		
	Signature of Business Administrator		 Date