

CUT OFF DATE: _____ / _____ / _____
 DAYS LATE: _____
 REP NOTIFIED: YES _____ NO _____
 ORIG TO PAYROLL: _____ / _____ / _____
 START DATE CHANGED: _____ / _____ / _____

TAX DEFERRED SERVICES, INC.
457 DEFERRED COMPENSATION PLAN ENROLLMENT FORM
MORGAN HILL UNIFIED SCHOOL DISTRICT

Initial Enrollment Dollar Change Beneficiary Change Investment Change

Name of Participant: _____ Social Security#: _____

Address: _____ Birth Date: _____

City: _____ State: _____ Zip: _____ Hm. Phone: _____

Gross Mo. Salary: _____ Wk. Site: _____ Wk. Phone: _____

Effective with pay period beginning: Mo: _____ Year: _____
 10 Pay Bi-Weekly \$ _____
 12 Pay Other: _____

INVESTMENT OPTIONS

TAX DEFERRED SERVICES – 457 PLAN \$ _____ per month

Primary Beneficiary(s): _____

Key: PS= PER STIRPES PC= PER CAPITA

NAME: _____ RELATIONSHIP: _____ % _____

NAME: _____ RELATIONSHIP: _____ % _____

Contingent Beneficiary(s): _____

NAME: _____ RELATIONSHIP: _____ % _____

NAME: _____ RELATIONSHIP: _____ % _____

I hereby agree to the terms of the Plan Agreement.

I hereby authorize my employer to deduct from my salary the amount specified above and to transmit the deduction to the above designated company or companies. This authorization will continue in effect until I submit a timely termination.

By signing this document, the Employee directs the District to withhold at the above level and acknowledges that he/she has been advised by qualified tax counsel and agrees to indemnify and hold the District harmless from any and all taxes, penalties, and cost which may occur due to any over-withholding of tax sheltered annuity funds generated by this amendment to the employment contract.

The Employee hereby both authorizes the disbursing agent to recover any amount erroneously transmitted by it, from the company(ies) receiving the erroneous amount, and directs the company(ies) so affected immediately transmit those amounts to the disbursing agent.

The Employee agrees that the District shall have no liability whatsoever for any and all losses suffered by the Employee with regard to his/her selection of the investment; the terms of the investment; the selection of the insurance company or regulated investment company; the solvency of, operation of or benefits provided by said insurance company or regulated investment company; or his/her selection and purchase of shares of regulated investment companies.

The employer and the employee are the sole participants in the Plan.

 Employee's Signature

 Date

 District Authorized Signature

 Date

 Representative's Signature (Please Print)

 (408) 978-1000