



**TSA MATCH AGREEMENT FORM**  
**12 month employee**

Fiscal year: *July 2022 – June 2023 or (Teachers) September 2022- August 2023*

Employee Name: \_\_\_\_\_

I hereby request to participate in the TSA Matched Plan as set forth in the Personnel Policies and Wage Schedules for employees of Watertown-Mayer Public Schools - Independent School District #111.

I request that my annual matching employer contribution of \$ \_\_\_\_\_ be forwarded to my account with (choose one agency below).

- Ameriprise Financial    ASP - Aspire    EdMn/ESI    Fidelity

Employer contribution will be forwarded to the specified agency monthly for 12 months beginning with the first salary paycheck.

I hereby request and authorize ISD #111 to reduce my salary by \$ \_\_\_\_\_ beginning with the first salary paycheck. This reduction will continue for 24 pay period for an annual deduction of \$ \_\_\_\_\_. Employee contribution will be forwarded to the specified agency on a semi-monthly basis.

This TSA Match Agreement is irrevocable during the school year except in the event that the employee terminates active employment. If an employee does terminate active employment, the TSA Match will be pro-rated according to the terms of the contract pay-off.

The undersigned employee certifies and agrees to determine on an **annual** basis hereafter that the salary reduction amount designated in this Agreement and all other such agreements in effect with ISD #111 meets all conditions required by Federal and State Statutes, including annual limitation as to the amount of exclusion allowance.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

As agent for:  Ameriprise Financial  ASP (American Funds)  EdMn/ESI  Fidelity, I have investigated the eligibility of the above applicant to qualify for a tax-sheltered annuity in the amount shown and certify that this agreement satisfies all conditions required by Federal and State Statutes including annual limitation as to amount of exclusion allowance. This Agreement is not valid unless the agent agrees to these provisions.

Agency Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- I choose not to participate in the TSA Match agreement.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_