

Omak School District #19 Salary Deferral Plans



Participant Enrollment Guide

Rev. January 2026

The 403(b), ROTH 403(b) and 457(b) Plans are offered to Omak School District #19 employees as an opportunity to supplement their retirement program with salary deferrals contributed to an approved vendor of your choosing.

Enrolling in the Plan is a two-step process for participants:

Step 1: Review

- ✓ You should review the list of available investment providers and select an active vendor from the list below.
- ✓ If you do not currently have an account with the vendor you selected
 - Contact a representative or your personal financial advisor who will assist you with the necessary documentation required to establish an account with the investment company.

Step 2: Enroll in the Plan.

- ✓ Complete the appropriate form
- ✓ Elect a salary deferral amount
- ✓ Designate your selected vendor.

NOTE: Failure to establish a contract or custodial account with your selected vendor may prevent timely investment of your contributions, or require funds be returned to you.

The following investment providers have been approved to accept contributions for the plans identified.

*Contributions cannot be accepted by any other company

*Contributions cannot be accepted for plan types that are not approved for the selected vendor.

Authorized Investment Provider	For Plans	Phone Number
American Fidelity Assurance Co.	403(b)	1-800-654-8489
ASpire Financial Services	403(b), 457(b)	1-866-634-5873
Cetera-MG Trust Company-PenSelect	403(b), ROTH 403(b), 457(b)	1-800-354-5003
COREBRIDGE FINANCIAL (FORMERLY AIG VALIC)	403(b), ROTH 403(b), 457(b)	1-800-448-2542
Equitable	403(b), ROTH 403(b), 457(b)	1-800-628-6673
Invesco Oppenheimer Funds	403(b), ROTH 403(b)	1-800-959-4246
Lincoln Investment Planning, LLC	403(b), ROTH 403(b), 457(b)	1-800-242-1421
Metropolitan Life Insurance Company	403(b), 457(b)	1-800-560-5001
National Life Group	403(b), 457(b)	1-800-579-2878
New York Life Insurance & Annuity Corp.	403(b)	1-800-598-2019
PlanMember Services	403(b), ROTH 403(b), 457(b)	1-800-874-6910
Security Benefit Group	403(b), ROTH 403(b), 457(b)	1-800-888-2461
Thrivent Financial for Lutherans	403(b), 457(b)	1-800-847-4836
Vanguard Investments	403(b), ROTH 403(b)	1-800-569-4903

Omak School District #19 Salary Deferral Plan

Salary Deferral
Plan Options

The Program	The Salary Deferral Program provides a broad range of quality mutual funds and tax-sheltered annuities, permitting employees an opportunity to build a diversified portfolio to supplement other retirement programs through your Employer.
<i>Plan Enrollment</i>	<p>Employees can enroll in the Plan using the included enrollment forms. These are also available through your benefits administrator, Amie Meese @ ammeese@omaksd.org. Or at the District website; www.omaksd.org</p> <p>All change/enrollment forms are due to the Payroll Officer by the 5th of the month.</p> <p>Any employee who is employed may participate in the Plan.</p> <p>Enrollment in the Plan is a two-step process. In addition to making a salary deferral election and selecting a company to receive your contributions, you will need to complete the necessary documentation required by the selected investment provider. You should immediately contact a vendor representative for assistance in establishing your investment account if such an account does not currently exist. Failure to establish a contract or custodial agreement with your selected vendor may prevent timely investment of your funds.</p>
<i>Contribution Amounts</i>	<p>Generally, employees are able to defer the maximum deferral limit established by the IRS from year to year. In 2026, the limit is \$24,500. Employees may also defer an additional catch-up amount in any year during which the individual has attained at least 50 years of age OR 15 full years of service. Circumstances and limits vary based on Plan participation, please contact your financial advisor for specifics.</p>
<i>Distributable Events</i>	<p>If the employee becomes eligible for a distribution from the Plan, an application is submitted to the Plan Administrator, OMNI & TSACG, for approval. Distributions that meet IRS requirements for payment are generally approved within 3-5 business days from receipt of information required from investment providers.</p>
For Further Information	<p>OMNI & TSACG Compliance Services Phone 1-888-796-3786 Fax 1-866-741-0645 or 1-866-814-0622</p> <p>Mailing Address: P. O. Box 4037 Fort Walton Beach, FL 32549-4037 Email: recordkeeping@tsacg.com</p>

MEANINGFUL NOTICE / PLAN SUMMARY INFORMATION

403(b) PLAN AND 457(b) DEFERRED COMPENSATION PLAN

The 403(b) and 457(b) Plans are valuable retirement savings options. This notice provides a brief explanation of the provisions, policies and rules that govern the 403(b) and 457(b) Plans offered.

Plan administration services for the 403(b) and 457(b) plans are provided by U.S. OMNI & TSACG Compliance Services (OMNI/TSACG). Visit the OMNI/TSACG website (<https://www.tsacg.com>) for information about enrollment in the plan, investment product providers available, distributions, exchanges or transfers, 403(b) and/or 457(b) loans, and rollovers.

ELIGIBILITY

Most employees are eligible to participate in the 403(b) and/or 457(b) plan(s) immediately upon employment; however, private contractors, appointed/elected trustees and/or school board members are not eligible to participate in the 403(b) plan. Verify if your employer allows student workers to participate in the 403(b) plan. Eligible employees may make voluntary elective deferrals to both the 403(b) and 457(b) plans and are fully vested in their contributions and earnings at all times.

EMPLOYEE CONTRIBUTIONS

Traditional 403(b) and 457(b)

Upon enrollment, participants designate a portion of their salary that they wish to contribute to their traditional 403(b) and/or 457(b) account(s) up to their maximum annual contribution amount on a pre-tax basis, thus reducing the participant's taxable income. Contributions to the participant's 403(b) or 457(b) accounts are made from income paid through the employer's payroll system. Taxes on contributions and any earnings are deferred until the participant withdraws their funds.

Roth 403(b)

Contributions made to a Roth 403(b) account are after-tax deductions from your paycheck. Income taxes are not reduced by contributions you make to your account. All qualified distributions from Roth 403(b) accounts are tax-free. Any earnings on your deposits are not taxed as long as they remain in your account for five years from the date that your first Roth contribution was made. Distributions may be taken if you are 59½ (subject to plan document provisions) or at separation from service.

The Internal Revenue Service regulations limit the amount participants may contribute annually to tax-advantaged retirement plans and imposes substantial penalties for violating contribution limits. OMNI/TSACG monitors 403(b) and 457(b) plan contributions and notifies the employer in the event of an excess contribution.

THE BASIC CONTRIBUTION LIMIT FOR 2026 IS \$24,500.

Additional provisions allowed:

2026 AGE-BASED ADDITIONAL AMOUNT

Participants who are age 50 to 59 or 64 or older by 12/31/2026 qualify to make an additional contribution of up to \$8,000 to their 403(b) and/or 457(b) accounts. Participants aged 60, 61, 62, or 63 on 12/31/2026 can contribute an additional amount of up to \$11,250.

THE SERVICE-BASED CATCH UP AMOUNT

The 403(b) special catch-up provision allows participants to make additional contributions of up to \$3,000 to the 403(b) account if, as of the preceding calendar year, the participant has completed 15 or more full years of employment with the current employer, not averaged over \$5,000 per year in annual contributions, and has not utilized catch-up contributions in excess of the aggregate of \$15,000. For a detailed explanation of this provision, please visit <https://www.tsacg.com>.

ENROLLMENT

Employees who wish to enroll in the 403(b) and/or 457(b) plan must first select the provider and investment product best suited for their account. Upon establishment of the account with the selected provider, a "Salary Reduction Agreement" (SRA) form and/or a deferred compensation enrollment form and any disclosure forms must be completed and submitted to the employer. These forms authorize the employer to withhold 403(b) and/or 457(b) contributions from the employee's pay and send those funds to the Investment Provider on their behalf. An SRA form and/or a deferred compensation enrollment form must be completed to start, stop or modify contributions to 403(b) and/or 457(b) accounts. Unless otherwise notified by your employer, you may enroll and/or make changes to your current contributions anytime throughout the year.

The total annual amount of a participant's contributions must not exceed the Maximum Allowable Contribution (MAC) calculation. For convenience, a MAC calculator is available at <https://www.tsacg.com>.

2026

INVESTMENT PROVIDER INFORMATION

A current list of authorized 403(b) and 457(b) Investment Providers and current employer forms are available on the employer's specific Web page at <https://www.tsacg.com>.

PLAN DISTRIBUTION TRANSACTIONS

Distribution transactions may include any of the following depending on the employer's Plan Document: loans, transfers, rollovers, exchanges, hardships, withdrawals or distributions. Participants may request these distributions by completing the necessary forms obtained from the provider and plan administrator as required. All completed forms should be submitted to the plan administrator for processing. Prior to taking a loan, participants should consult a tax advisor.

PLAN-TO-PLAN TRANSFERS

A plan-to-plan transfer is defined as the movement of a 403(b) and/or 457(b) account from a previous employer's plan and retaining the same account with the authorized investment provider under the new employer's plan.

ROLLOVERS

Participants may move funds from one qualified plan account, i.e. 403(b) account, 401(k) account or an IRA, to another qualified plan account at age 59½ or when separated from service. Rollovers do not create a taxable event.

DISTRIBUTIONS

Retirement plan distributions are restricted by IRS regulations. A participant may not take a distribution of 403(b) plan accumulations unless they have attained age 59½ or separated from service. Generally, a distribution cannot be made from a 457(b) account until you have reach age 59½ or have a severance from employment. In most cases, any withdrawals made from a 403(b) or 457(b) account are taxable in full as ordinary income.

EXCHANGES

Within each plan, participants may exchange account accumulations from one investment provider to another investment provider that is authorized under the same plan; however, there may be limitations affecting exchanges, and participants should be aware of any charges or penalties that may exist in individual investment contracts prior to exchange. Exchanges can only be made from one 457(b) plan to another 457(b) plan, or from one 403(b) plan to another 403(b) plan.

403(b) and 457(b) PLAN LOANS

Participants may be eligible to borrow their 403(b) and/or 457(b) plan accumulations depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer's plan. If loans are available, they are generally granted for a term of five years or less (general-purpose loans). Loans taken to purchase a principal residence can extend the term beyond five years depending on the provisions of their 403(b) and/or 457(b) account contract and provisions of the employer's plan. Details and terms of the loan are established by the provider. Participants must repay their loans through monthly payments as directed by the provider.

HARDSHIP WITHDRAWALS

Participants may be able to take a hardship withdrawal in the event of an immediate and heavy financial need. To be eligible for a hardship withdrawal according to IRS Safe Harbor regulations, you must certify and may be asked to provide evidence that the distribution is being taken for specific reasons. These eligibility requirements to receive a Hardship withdrawal are provided on the Hardship Withdrawal Disclosure form at <https://www.tsacg.com>.

UNFORESEEN FINANCIAL EMERGENCY WITHDRAWAL

You may be able to take a withdrawal from your 457(b) account in the event of an unforeseen financial emergency. An unforeseeable emergency is defined as a severe financial hardship of the participant or beneficiary. The eligibility requirements to receive a Unforeseen Financial Emergency Withdrawal are provided on the Unforeseen Financial Emergency Withdrawal Disclosure form at <https://www.tsacg.com>.

EMPLOYEE INFORMATION STATEMENT

Participants in defined contribution plans are responsible for determining which, if any, investment vehicles best serve their retirement objectives. The 403(b) and 457(b) plan assets are invested solely in accordance with the participant's instructions. The participant should periodically review whether his/her objectives are being met, and if the objectives have changed, the participant should make the appropriate changes. Careful planning with a tax advisor or financial planner may help to ensure that the supplemental retirement savings plan meets the participant's objectives.

PLAN ADMINISTRATOR CONTACT INFORMATION

Transactions

P.O. Box 4037 | Fort Walton Beach, FL 32549
Toll-free: 1-888-796-3786 | <https://www.tsacg.com>

For overnight deliveries

73 Eglin Parkway NE, Suite 202 | Fort Walton Beach, FL 32548
Toll-free: 1-888-796-3786 | <https://www.tsacg.com>



A DAYBRIGHT FINANCIAL COMPANY

**Omak School District 19, WA
Salary Deduction Agreement for ROTH 403(b)
Annuity Contract or Custodial Account**

Name of Company:

Employee Name

Social Security Number

Work Location

Position

Original ROTH Agreement

With respect to services rendered by the Employee hereafter, the Employer and the Employee hereby agree the Employee's compensation for such services shall be reduced by:

Equal amounts of \$ _____ per pay period beginning the _____, 20____ pay period.

The amount elected above shall result in a total ANNUAL DEDUCTION not to exceed the maximum allowable contribution calculation. The Employer agrees that it will remit the amount of such deduction for the ROTH 403(b) annuity or custodial account offered by the Company listed above.

Amendment ROTH Agreement - Type of Change Desired

Increase from \$ _____ per pay period to \$ _____ beginning the _____, 20____ pay period.

Decrease from \$ _____ per pay period to \$ _____ beginning the _____, 20____ pay period.

For **TERMINAL LEAVE PAYOUT**, deduct ☐ \$ _____ or ☐ Maximum Amount possible up to \$ _____ after payment of 401(a) Employer Contribution

Suspend-Name of Company _____ Effective Date of Change or Suspension _____, 20____

I have read the above and understand the proposed change. I hereby request that such change be effected. I realize that if the change results in decrease or elimination of deduction under the ROTH 403(b) program, that this deduction or elimination cannot be "made up" in the future unless it falls within the guidelines established by the Internal Revenue Code of 1986, as amended.

NO-LOAD ROTH INVESTMENT OPTIONS ONLY:

I acknowledge receipt of the appropriate disclosure materials (prospectus, etc.), and I am aware of the Maximum Allowable Contribution limits for the current calendar year. (Product Disclosure Form not required)

Employee's Initials

This Agreement shall be legally binding and irrevocable with respect to amounts earned while the Agreement is in effect, and any termination of this Agreement shall be effective only with respect to amounts not yet earned at the time of said termination. It is provided that this deduction does not exceed the Employee's statutory limits under Section 402(g) or the limitation of Section 415 of the Internal Revenue Code. This limits the total allowable salary deduction to all Companies to which salary deduction contributions can be made. It is understood that the amount specified will be forwarded to the Company listed above, provided that the Employee has sufficient earnings during the immediately preceding pay period to accommodate the requested deduction. In the event that the calculations provided by the District are lower than the calculations provided by the company / representative, the District's calculation shall prevail.

I hereby authorize my Employer to reduce or suspend any contributions established by this agreement, if in its opinion, the total annual contributions would exceed my Maximum Allowable Contribution in any calendar year.

The Employee is responsible for the accuracy of the excludable amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary deduction in this agreement, or any other violation of the requirement of Section 403(b) could result in additional taxes, interests, and penalties to the Employee.

It is the intent of the parties that the non-forfeitable retirement deferred annuity or custodial contract pursuant to this Agreement shall qualify for the Federal Income Tax benefits provided for in Section 403(b) of the Internal Revenue Code. **Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of this Agreement by Employee and Employer.**

This Agreement may be terminated by either the Employer or Employee upon thirty (30) days notice to the Company and to the Employer or Employee as applicable.

Effective Date of this Agreement _____, 20____

Omak School District 19, WA

AGENT REPRESENTATIVE NAME

AGENT REPRESENTATIVE PHONE

EMPLOYEE SIGNATURE

By:

EMPLOYER REPRESENTATIVE SIGNATURE

DATED _____, 20____

DATED _____, 20____

Omak School District 19, WA

Salary Reduction Agreement for 403(b) Annuity Contract or 403(b)(7) Custodial Account

Please Type or Print Legibly

Employees must establish an account with an authorized 403(b) investment provider PRIOR to completing this form.

1 Employee Name

Employee Email Address Work Location

Mailing Address

2

Employee Social Security Number

3 ☐ Original Agreement or ☐ Amendment to a Previous Agreement

4 **Reduction Amount** [List all companies and salary reductions requested whether new or existing. IMPORTANT: Read instructions on page 2 of this form.] If effective payroll date is blank, changes will take effect the next processing period after date of receipt of this form.

Company Name	Salary Reduction Amount (Percentage or Dollar Amount)	Effective Payroll Date (New account or amendment - MM/DD/YY)	Terminate Reduction
<input type="text"/>	<input type="text"/> % or \$ <input type="text"/>	<input type="text"/>	☐
<input type="text"/>	<input type="text"/> % or \$ <input type="text"/>	<input type="text"/>	☐
<input type="text"/>	<input type="text"/> % or \$ <input type="text"/>	<input type="text"/>	☐

The total amount of contributions to all providers % or \$ for each pay period.

NOTICE: Any 403(b) deductions not listed will be automatically terminated.

This Agreement shall be legally binding and irrevocable with respect to amounts earned while the Agreement is in effect, and any termination of this Agreement shall be effective only with respect to amounts not yet earned at the time of said termination. This reduction may not exceed the employee's statutory limit per Section 403(b), Section 402(g) or Section 415 of the Internal Revenue Code, that limits the total allowable salary reduction to all Companies to which salary reduction contributions can be made. This Agreement must also be accompanied by a Product Disclosure form signed by the representative and employee for all original salary reductions established by this Agreement or any changes in investment products relating to this Agreement.

I hereby authorize my Employer to reduce or suspend any contributions established by this agreement if in its opinion the total annual contributions would exceed my Maximum Allowable Contribution in any calendar year.

The Employee is responsible for the accuracy of the excludable amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary reduction in this agreement, or any other violation of the requirement of Section 403(b) could result in additional taxes, interests, and penalties to the Employee.

It is the intent of the parties that the non-forfeitable retirement deferred annuity or custodial contract pursuant to this Agreement shall qualify for the federal income tax benefits provided for in Section 403(b) of the Internal Revenue Code. Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of this Agreement by Employee and Employer.

This Agreement may be terminated by either the Employer or Employee upon notice to the Employer or Employee as applicable.

5

AGENT/REPRESENTATIVE (IF APPLICABLE) — PRINT NAME

AGENT/REP PHONE

6

EMPLOYEE TELEPHONE NUMBER

I agree with the terms above:

EMPLOYEE SIGNATURE

Date of this Agreement , 20

SRA is not valid if "Effective Payroll Date" in Section 4 is more than 90 days from the "Date of this Agreement" in Section 6.

EMPLOYER ACCEPTANCE OF AGREEMENT/CONTRACT

Employee Instructions:

1. Complete the Employee sections regarding "Name," "Email Address," "Mailing Address" and "Work Location."
 2. Enter your "Social Security Number" in the box provided.
 3. Mark the box that corresponds with the type of SRA you are submitting: "Original Agreement" or "Amendment to a Previous Agreement."
 4. (a) Enter the info for ALL your new and/or existing accounts (you may have only one account or multiple accounts).
NOTICE: Any SRA accounts not listed will be automatically terminated.
(b) Enter the salary reduction amount (percentage or dollar Amount) you wish to be withheld from your payroll.
(c) Enter the month or payroll date that you wish your elections (new account or amendment) to be effective.
(i) If effective payroll date is blank, changes will take effect the next processing period after date of receipt of this form.
(d) If this SRA is being submitted to terminate a current salary reduction, please list the company name to be terminated and indicate "Terminate Reduction" in the space provided (check box).
(e) Total the percentage or dollar amount for all contributions, and enter the total in the box provided.
 5. Provide agent name and telephone number, if applicable.
 6. Sign and date the agreement. Please provide a telephone number where you can be reached during business hours.
 7. Submit to your payroll processing department.
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**Omak School District 19, WA
Participation Agreement for Internal Revenue Code
Section 457(b) Deferred Compensation Program**

Name of Company—457(b) Product Provider

Employee's Name	Social Security Number
Work Location	Position

☐ **Original Agreement**

With respect to services rendered by the Employee hereafter, the Employer and the Employee hereby agree the Employee's compensation for such services shall be reduced by:

☐ Equal amounts of \$ _____ per pay period beginning the _____, 20____ pay period.

☐ **Amendment Agreement - Type of Change Desired**

☐ Increase from \$ _____ per pay period to \$ _____ beginning the _____, 20____ pay period.

☐ Decrease from \$ _____ per pay period to \$ _____ beginning the _____, 20____ pay period.

☐ Suspend _____ Effective Date of Suspension _____, 20____

The undersigned hereby agrees to the terms and conditions of the Omak School District 19, WA Deferred Compensation Plan ("Plan") as such Plan now exists or is hereinafter amended and a copy of the Plan has been made available to them. This election shall continue until the undersigned makes a subsequent election as provided by the Plan. The employer hereby authorizes on the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the signature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employer's 457 Deferred Compensation Plan.

I (the Employee) understand and agree to the following:

My deferrals cannot begin sooner than the month following Participation Agreement approval. My accumulated deferrals will be held in trust by the Omak School District 19, WA for the exclusive benefit of participants and their beneficiaries until paid to me under the rules of the Plan. I realize I may not assign or transfer my rights under the Plan.

I am responsible for the accuracy of the excludable amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary reduction in this agreement, or any other violation of the requirement of IRS Code Section 457 could result in additional taxes, interest, and penalties to the Employee.

I hereby authorize my Employer to reduce or suspend any deferrals established by this agreement, if in its opinion, the total annual deferral would exceed the maximum allowable limit in any calendar year. Should my deferral exceed the maximum limit, I authorize my Employer to disallow deferral of the excess amount and direct these amounts to be refunded to me.

Release of Liability - The Employee agrees that the Employer and its agents shall have no liability whatsoever for any and all losses suffered by me with regard to my selection of the annuity and/or custodial account, its terms, the selection of the insurance company, custodian, or regulated investment company, the financial condition, operation of or benefits provided by said insurance company, custodian, or regulated investment company, or my selection and purchase of shares of regulated investment companies.

The employer hereby authorizes on the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the signature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employer's 457 Deferred Compensation Plan.

Earnings, if any, will be applied to my accumulated deferrals in accordance with the Company and product I have selected. Neither the Employer, nor Trustees, nor agencies of the Employer shall be liable for the performance of the Companies or products selected by the Employee.

Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of this Agreement by Employee and Employer.

This Agreement may be terminated by either the Employer or Employee upon thirty (30) days notice to the Company and to the Employer or Employee as applicable.

Designation of Beneficiary - The beneficiary for each annuity contract or certified account to which contributions are allocated shall be determined in accordance with the terms of that specific contract or account.

Effective Date of this Agreement _____, 20____.

Omak School District 19, WA

AGENT / REPRESENTATIVE

EMPLOYEE

By: _____
EMPLOYER REPRESENTATIVE

DATED _____, 20____

DATED _____, 20____

Important Notice- A copy of the account application must accompany this agreement and the following ownership and beneficiary designations must be used:
Owner - "Omak School District 19, WA 457(b) Plan FBO (participant's name)"

Beneficiary - Any single or multiple beneficiaries named by the participant. (Do not list Omak School District 19, WA as a beneficiary)