

Jefferson City School District 403(b) and 457(b) Retirement Plans

You have the option to enroll in Jefferson City School District's 403(b) and 457(b) Retirement Plans within the CSD Retirement Trust which is administered by Corebridge Financial on their mutual fund platform.

Here are the steps to complete a new enrollment:

You can enroll online, by phone, or by contacting your financial professional.

To enroll online:

- Visit www.corebridgefinancial.com/rs/csdr
- Enter your access code for the plan(s) you want to contribute to:
 - **44528167 for the 403b Plan**
 - **44528267 for the 457b Plan**
- Click "Continue" to get started
- Follow the prompts

To enroll by phone:

- Call 1-888-569-7055 to reach an Enrollment Specialist
- Provide your access code for the plan(s) you want to contribute to:
 - **44528167 for the 403b Plan**
 - **44528267 for the 457b Plan**

To enroll in person:

- Contact one of the local financial professionals below to schedule an appointment, virtual or in-person:

Richard Jensen

Financial Advisor

Corebridge Financial

Office: (314) 439.4850 // Cell: (314) 306.1496

Fax: (636) 389.5274

Email: Richard.Jensen@corebridgefinancial.com

Or

Robert Palmer

Financial Advisor

Corebridge Financial

Office: (314) 439.4850 // Cell: (636) 222.8600

Fax: (636) 389.5274

Email: Robert.Palmer@corebridgefinancial.com

How do I indicate the amount of payroll deducted contributions I want to do each month?

After you have enrolled, the next thing to do is complete the **Salary Reduction Agreement (SRA)** form for either the 403b or the 457b. On this form is where you indicate how much you want to contribute to your retirement account each month through payroll deductions. [Return your completed form to the Benefits Department](#), at JC Schools Board of Education building, 315 E Dunklin, Jefferson City, MO 65101. {see the attached forms on page 4 and 5}

How can I access my account with the CSD Retirement Trust through Corebridge Financial?

After you have enrolled in the new CSD Retirement Trust plan at Corebridge you will be set up with online access. You will have access to your account 24 hours a day, seven days a week by simply logging on to www.corebridgefinancial.com/rs/csdrtr or by calling 1-800-448-2542 to be connected with a Customer Service Representative available Monday through Friday from 7 a.m. to 8 p.m. (CT). You can also contact your dedicated Corebridge financial professional. Finally, you can use the Corebridge Mobile Access at my.valic.com/mobility or download the Corebridge Financial Smartphone App for account access at your fingertips.

Do I need to complete a Beneficiary Designation?

Yes. In order for beneficiary information to be effective for the new plan, you must complete an electronic Beneficiary Designation election online at www.corebridgefinancial.com/rs/csdrtr.

How often can I make changes to my new CSD Retirement Trust at Corebridge Financial?

You may change your contribution amount and your investment options as often as you like. To make these changes, you can log in to your account online at www.corebridgefinancial.com/rs/csdrtr, by phone at 1-800-448-2542, or with your financial advisor.

What investment options will be available with CSD Retirement Trust at Corebridge Financial?

The Plan will offer an array of mutual funds representing broad asset classes and categories, as well as a fixed account option. Remember that investing involves risk, including possible loss of principal. You will be able to review the available funds by logging in to your account online at www.corebridgefinancial.com/rs/csdrtr. You will also be able to access additional information, including quarterly fund performance, about each available investment option online.

Are loans or unforeseeable emergency withdrawals available under the Plans?

Yes. Loans and unforeseeable emergency withdrawals are currently allowed by the Plans. A one-time fee will be charged as an initial setup cost with an annual fee assessed for administration of the loan.

Can I roll over funds from another qualified savings plan to this account?

Yes, you may roll over funds from other similar qualified plans. Reach out to your Financial Advisor for more details.

How often will I receive an account statement?

Corebridge Financial mails account statements to your address on record no later than 10 business days after the end of each calendar quarter. These account statements include helpful information about your account balance, your investment elections and transaction history for all of your accounts with Corebridge. Account statements can also be accessed online at www.corebridgefinancial.com/rs/csdrtr.

Whom can I contact if I have questions?

If you have questions about the 403b & 457b retirement plans, please contact your local financial advisor:

Richard Jensen

Office: (314) 439.4850 // Cell: (314) 306.1496
Email: Richard.Jensen@corebridgefinancial.com

Robert Palmer

Office: (314) 439.4850 // Cell: (636) 222.8600
Email: Robert.Palmer@corebridgefinancial.com

These Questions & Answers are intended to provide you with general information on the benefits offered by The District. Every effort has been made to provide an accurate summary of such benefits. However, if there is a conflict between the material in this document and the actual Plan documents, the terms of the Plan document will control. Notwithstanding anything to the contrary contained in this document, The District reserves the right to amend, modify, or terminate any benefit at any time.

Investors should carefully consider the investment objectives, risks, fees, charges and expenses before investing. This and other important information is contained in the prospectus, which can be obtained from your financial professional or at VALIC.com/eprint. Enter 44528167 in the “Login” field and click “Continue.” You can also request a copy by calling 1-800-428-2542. Read the prospectuses carefully before investing.

Securities and investment advisory services offered through VALIC Financial Advisors, Inc. (VFA), member FINRA, SIPC and an SEC-registered investment adviser.

Annuities are issued by The Variable Annuity Life Insurance Company (VALIC), Houston, TX. Variable annuities are distributed by its affiliate, AIG Capital Services, Inc. (ACS), member FINRA.

AIG Retirement Services represents AIG member companies—The Variable Annuity Life Insurance Company (VALIC) and its subsidiaries, VALIC Financial Advisors, Inc. (VFA) and VALIC Retirement Services Company (VRSCO). All are members of American International Group, Inc. (AIG).

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CSD, Retirement Trust Multiple Employer 403(b) Plan

403(b) Salary Reduction Agreement

VALIC Retirement Services Company (VRSCO)

Group ID# 44528001

Your Employer sponsors a 403(b) Salary Reduction Plan. To participate in the Plan, you must complete the information requested below, even if in the past you completed a similar agreement for this Plan. This Agreement will replace any prior Salary Reduction Agreement.

Check One: New Enrollment Changes to earlier agreement Cancellation

EMPLOYER: _____

EMPLOYEE INFORMATION:

Employee Name: _____ SSN: _____

Address: _____ City: _____ State: _____ ZIP: _____

Date of Birth: _____ Phone: (_____) _____ Date of Hire: _____

Salary (Optional): _____ Marital Status: Married Not Married

AGREEMENT/AUTHORIZATION:

Contributions can be made pre-tax only, after-tax Roth only, or a combination of both pre-tax and after-tax Roth. The percentage or dollar amount listed in the pre-tax and after-tax sections together represent the total amount to be reduced from the Employee's salary.

This Agreement is made by and between Employer and Employee. The parties agree to and acknowledge the following:

Pre-Tax Salary Reduction 403(b)

Employee agrees to defer the right to receive compensation as follows:

Commencing on (date): _____ (MM/DD/YYYY).

Option 1:

- _____% of compensation for each pay period (_____ pay periods per year).

OR

Option 2:

- \$_____ each pay period (_____ pay periods per year).

After-Tax Roth Salary Deduction 403(b)

Employee agrees to have amounts deducted from Employee's pay as follows:

Commencing on (date): _____ (MM/DD/YYYY).

Option 1:

- _____% of compensation for each pay period (_____ pay periods per year).

OR

Option 2:

- \$_____ each pay period (_____ pay periods per year).

The frequency with which a 403(b) Salary Reduction Agreement may be entered into or amended, the compensation to which such agreement applies, and the ability to revoke such agreement shall be determined under the applicable federal income tax rules and your Employer's Plan.

Employee requests that Employer invest the funds in a custodial account and/or VALIC annuity contract as applicable.

Employee agrees and acknowledges that contributions under this Agreement shall be subject to the provisions of the Plan and that Employer may impose its own or additional administrative rules and procedures.

Employee may only contribute amounts that have not already been paid or made available. Employee agrees and acknowledges that contributions shall not exceed applicable limits under the Plan or federal law and that Employer may limit contributions in order to comply with federal law and the Plan document. Employee hereby directs that any contribution in excess of such limits be returned to Employee in accordance with governing legal requirements.

This Agreement shall terminate any prior Salary Reduction Agreement executed between Employer and Employee under the Plan. This Agreement shall continue indefinitely until amended or terminated by either party by giving either (1) at least thirty (30) days' written notice prior to the date of such amendment or termination or (2) such other time period as may be required with respect to the Plan. If Employer elects to cease all employee elective contributions to the Plan, this Agreement shall automatically terminate. Unless otherwise provided with respect to the Plan, this Agreement shall automatically terminate upon Employee's Severance from Employment with Employer and/or if Employee otherwise becomes ineligible to participate in the Plan.

Nothing in this Agreement shall be deemed to constitute an employment agreement and nothing contained herein shall be deemed to give Employee any right to be retained in the employ of Employer.

Employee Signature: _____ Date: _____

Employer Signature: _____ Date: _____

By: _____ Title: _____
(Print Name)

CSD, Retirement Trust Multiple Employer 457(b) Plan

457(b) Deferred Compensation Agreement (Governmental)

Group ID# 44528002

VALIC Retirement Services Company (VRSCO)

Your Employer sponsors a 457(b) Deferred Compensation Plan. To participate in the Plan, you must complete the information requested below, even if in the past you completed a similar agreement for this Plan. This Agreement will replace any prior deferred compensation agreement.

Check One: New Enrollment Changes to earlier agreement Cancellation

EMPLOYER: Jefferson City School District

EMPLOYEE INFORMATION:

Employee Name: _____ SSN: _____

Address: _____ City: _____ State: _____ ZIP: _____

Date of Birth: _____ Phone: (____) _____ Date of Hire: _____

Salary (Optional): _____ Marital Status: Married Not Married

AGREEMENT/AUTHORIZATION:

Contributions can be made pre-tax only, after-tax Roth only, or a combination of both pre-tax and after-tax Roth. The percentage or dollar amount listed in the pre-tax and after-tax sections together represent the total amount to be reduced from the Employee's salary.

This Agreement is made by and between Employer and Employee. The parties agree to and acknowledge the following:

Pre-Tax 457(b) Deferred Compensation

Employee agrees to defer the right to receive compensation as follows:
Commencing on (date): _____ (MM/DD/YYYY).

Option 1:

- _____% of compensation for each pay period (____ pay periods per year).

OR

Option 2:

- \$ _____ each pay period, (____ pay periods per year).

After-Tax Roth Salary Deduction 457(b) Governmental Plans Only

Employee agrees to have amounts deducted from Employee's pay as follows:
Commencing on (date): _____ (MM/DD/YYYY).

Option 1:

- _____% of compensation for each pay period (____ pay periods per year).

OR

Option 2:

- \$ _____ each pay period, (____ pay periods per year).

Employee requests that the Employer invest the funds in a custodial account, trust and/or VALIC annuity contract as applicable.

The Employee agrees and acknowledges that contributions under the Agreement shall be subject to the provisions of the Plan and that the Employer may impose its own or additional administrative rules and procedures.

The Employee's benefits under the Plan shall be based upon the amounts credited to the Employee's account, which shall reflect the Employer's investment of the Employee's deferred compensation.

The Employee agrees that if the date specified in the preceding sentence is earlier than the first day of the month following the date of this Agreement, such date will be the first day of the month after the date of this Agreement.

The Employee understands and agrees that amounts deferred under this Agreement, taken together with amounts deferred under a prior or later agreement with respect to the same calendar year, shall not exceed the applicable deferred compensation Code and Plan limitations and that the Employer may limit contributions in order to comply with federal law and the Plan document. Employee hereby directs that any contribution in excess of such limits be returned to the Employee in accordance with governing legal requirements.

The Agreement shall terminate any prior deferred compensation agreement executed between the Employer and Employee under this Plan. This Agreement shall continue indefinitely until amended or terminated by either party giving written notice to the other party prior to the beginning of the month (subject to any processing time requirements for the Plan) for which such amendment or termination is to be effective. If Employer elects to cease all employee elective contributions to the plan, this Agreement shall automatically terminate. Except as otherwise provided with respect to the Plan, this Agreement shall automatically terminate upon the Employee's Severance from Employment with the Employer and/or if the Employee otherwise becomes ineligible to participate in the Plan.

Nothing in this Agreement shall be deemed to constitute an employment agreement and nothing contained herein shall be deemed to give the Employee any right to be retained in the employ of the Employer.

Employee Signature: _____ Date: _____

Employer Signature: _____ Date: _____

By: _____ Title: _____
(Print Name)