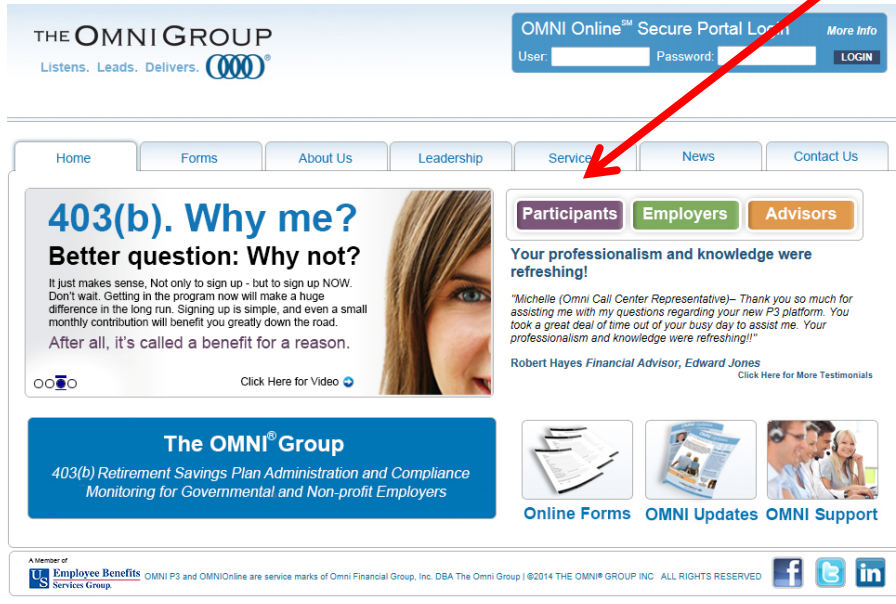


ONLINE SALARY REDUCTION AGREEMENT INSTRUCTIONS

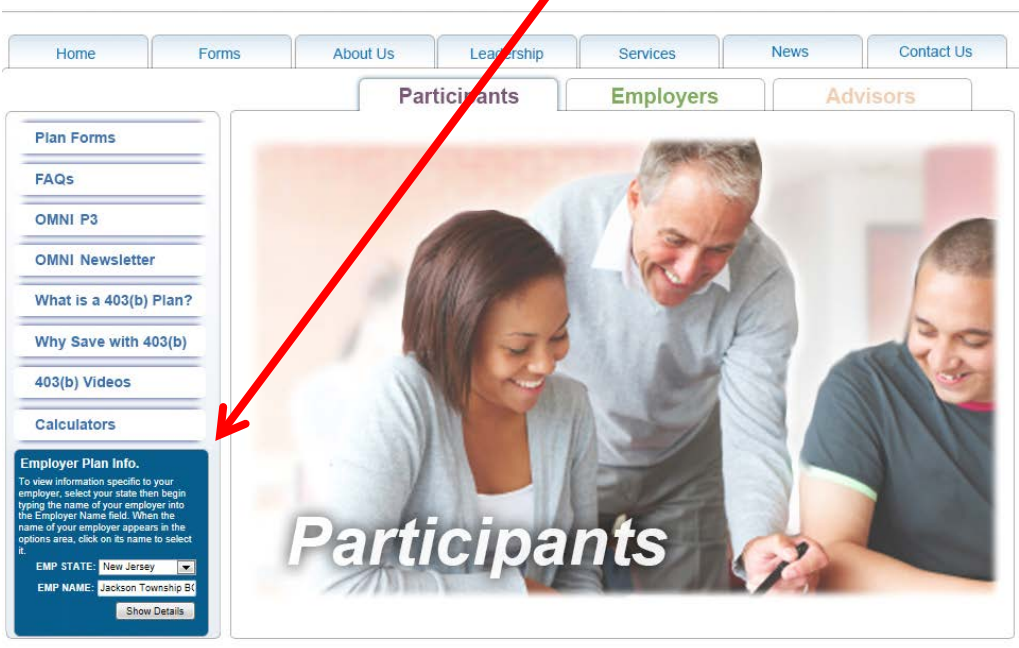
To begin, change or discontinue a payroll contribution, a Salary Reduction Agreement (SRA) must be completed. The SRA can be completed electronically on your employer's page on OMNI's website at:

<https://www.omni403b.com/default.aspx>. No login is required to complete this form.

1. To find your employer's page, select 'Participants' on the homepage.



2. On the Participant page, first select your state under Employer Plan Info. Begin typing your employer's name in the EMP NAME field, it should begin to auto-populate. Highlight the name to select and then choose 'Show Details'



- You will be redirected to the Plan Details page for your organization. The Salary Reduction Agreement is located under 'FORMS' and is available to submit either Online, or the PDF version can be selected and either faxed or mailed to OMNI.

OMNI OnlineSM Secure Portal [Trouble Logging In?](#) | [Enroll Now](#)

User: Password: [LOGIN](#)

[Home](#) [Forms](#) [About Us](#) [Leadership](#) [Services](#) [News](#) [Contact Us](#)

Plan Details

Braintree Public Schools, Braintree MA

403(b) Plan Details:

Current Plan Status: Active

Participating Service Providers

Agent Info Available
Click icon next to fund name for details.

Online Enrollment Available
Click icon next to fund name for details.

Ameriprise Financial Services, Inc.

AXA Equitable Life Insurance Company

Commonwealth Annuity & Life Ins Co

Great American Insurance Group

Horace Mann Life Ins. Co.

Lincoln Investment Planning

Lincoln National

MetLife

MetLife Investors

NY Life Ins. & Annuity Corp.

Oppenheimer Shareholder Svcs.

Security Benefit

VALIC

Voya Financial (Reliastar)

Voya Financial (VRIAC)

Effective October 1 2014, the following Service Providers are no longer authorized to establish new 403 (b) accounts. Please note, Employees contributing to one of these service providers as of October 1, 2014 may continue their contributions without interruption.

[View OMNIOnline for Participants Tutorial](#)

Forms

Salary Reduction Agreement (SRA):

[Salary Reduction Agreement - Online](#)

[Salary Reduction Agreement - PDF](#)

Service Based Catch-Up Request:

[Online Request Form](#)

[Downloadable PDF Version](#)

Plan Transactions:

For assistance determining the proper service provider transaction form to submit for your situation, please review our [Transaction Instructions](#) page for more information

[Death Claim](#)

[Disability](#)

[Distribution](#)

[Exchange](#)

[Hardship](#)

[Loan](#)

[QDRO](#)

[Required Minimum Distribution](#)

[Rollover](#)

[Service Credit](#)

[Transfer](#)

4. To complete the Online SRA the following must be completed.

- Part 1: Select your Employer State and Name from the dropdown menus. Enter your Date of Hire, which must be formatted MM/DD/YYYY. If you are unsure of your date of hire, please contact OMNI's Customer Care Department at 877-544-6664 and one of our representatives will be able to provide this information to you.

OMNI® 403(b) SALARY REDUCTION AGREEMENT FORM

Step 1 of 3: Supply Information | Step 2 of 3: Confirm Entries | Step 3 of 3: Submission Confirmation

- Please supply the information requested below.
- Read all agreements on this form before submitting.
- Fields having a red asterisk notation are required.

403(b) Salary Reduction Agreement (SRA) For Tax Sheltered Annuities and Custodial Accounts

IMPORTANT NOTICE: Before You Sign, Read All Information on this form:

A Tax Sheltered Annuity ("TSA") is an investment account that is set aside for your retirement (only), and is paid for with "pre-tax" dollars. A Custodial Account ("CA") is the group or individual custodial account or accounts, established for each Employee, by the Employer, or by each Employee individually, to hold assets of the Plan. Unless utilizing the catch-up provisions, your Maximum Allowable Contribution ("MAC") cannot exceed \$17500 (\$23000 if age 50 or over) for 2014. Both TSA & CA receive tax deferred treatment.

Please supply the information requested below. All fields marked with a red asterisk are required.

Part 1: Employer Information

*Employer State: *Employer Name: *Date of Hire: (MM/DD/YYYY)

IL McHenry CCSD No. 15 05/28/2014

BEFORE CONTINUING: Please verify that you have selected the correct Employer State and Employer Name. If you later change either of these values, information entered below may be lost.

- Complete Part 2: Employee Information. All fields with a red asterisk must be entered.

Part 2: Employee Information

Please check here if you have contributed to a 403(b) or 401(k) plan with another employer this calendar year.

* Social Security Number: (9 digits, no dashes or spaces) * First Name: MI: * Last Name: Maiden or Former Name:
●●●●●●●● John Doe

*Address:
1 Main St.

* City: *State: *Zip (5 digits or 5-4 digits):
McHenry IL 60050

* Date of Birth: (MM/DD/YYYY) * Phone: * Email address: * Re-enter Email address:
01/01/1980 8158675309 jdoe@d15.org jdoe@d15.org

- Complete Part 3. A contribution type must be selected.
- Recurring Contributions: A contribution you want deducted every payroll.
 - Select the Plan Type from the dropdown box.
 - Select the name of the Service Provider from the dropdown box.
 - Account # is optional.
 - Select an effective date from the pop up calendar
 - Enter the dollar amount

NOTE: If you are contributing to two providers, both MUST be entered in the form, even if the change is only applicable to one company. Failure to enter both will result in the company not entered to be discontinued under the WARNING.

Part 3: Contribution Information

Recurring Contributions

WARNING!!

Any new recurring contributions will supersede all current recurring contributions to your employer's 403(b) plan administered by OMNI®. If you are currently contributing to multiple service providers under your employer's 403(b) plan, please be sure to list all contributions you wish to continue. Any active 403(b) or ROTH 403(b) contributions found in our records, but not listed below WILL BE DISCONTINUED.

Also, a contribution may be discontinued by listing it below with an amount of zero.

Note: Service Providers with a double asterisk notation (**) are not authorized to accept new accounts under your employer's plan. Please contact OMNI® with any questions.

Please withhold funds from my pay for the following 403(b) contributions until further notice:

*Plan Type	*Service Provider	Account #	*Effective Date	Amount
1. 403(b)	Aspire Financial Services			\$ 500
2.	[Select Plan Type First]			
3.	[Select Plan Type First]			
4.	[Select Plan Type First]			
5.	[Select Plan Type First]			

Please check here if you are NOT a full-time employee

One-Time Contributions (Elective Contributions Only)

- One-Time Contributions. A contribution change applicable to one payroll period only. Procedure is the same as Recurring Contributions, with the exception that a direction needs to be provided to either resume the prior contribution amount, or discontinue contributions for the next payroll.

One-Time Contributions (Elective Contributions Only)

*Plan Type	*Service Provider	Account #	*Effective Date	*Amount	
1. 403(b)	Aspire Financial Services		06/01/2014	\$ 500	
2.	Please select a Service Provider			\$	
3.	Please select a Service Provider			\$	
4.	Please select a Service Provider			\$	
5.	Please select a Service Provider			\$	

Please check here if you are NOT a full-time employee

*After this contribution, any 403(b) recurring contributions to this service provider should be:

- I do not wish to participate at this time. Select this option if you want to discontinue contributions immediately. No further information is required. If the discontinuation is for a future effective date, the Recurring Contribution option must be used with a zero dollar amount indicated.

Part 3: Contribution Information

Recurring Contributions

One-Time Contributions (Elective Contributions Only)

I do not wish to participate at this time. I understand that I may participate in the future by filling out a new Salary Reduction Agreement form.

- Part 4: Agreements and Acknowledgements: Re-enter the SSN. Select 'Continue'.

* Re-enter Social Security # to verify (9-digit format, no dashes or spaces):

- A new page will appear requesting review of the information. If the information is correct, you will need to re-enter the SSN where indicated.
- A confirmation page with a tracking number that begins with the letters SR will indicate the form has been successfully entered.

If you have any questions while completing the Online SRA, please contact OMNI's Customer Care Department at 877-544-6664. Our representatives are available Monday through Friday from 7:30am to 8pm eastern standard time.