

**403(b)/ 403(b) (7) DISCLOSURE STATEMENT
FIXED & VARIABLE ANNUITIES /MUTUAL FUNDS**

SS# _____ Employee: _____
Last First MI

Gross Annual Salary \$ _____ Date of Birth: _____ Expected Retirement Age: _____

Payroll Deduction Date: _____ Have you ever contributed under a catch-up option? If yes, which one: _____

Date First Entered the State's Retirement Plan: _____

How long have you been under the Catch-Up Option: _____

Date of Hire with Current employer: _____ No. of yrs. Full-time: _____ No. of yrs. Part time: _____

Total pre-tax contribution with present employer through end of last calendar year (Include both employee and contributions to plan):

403 (b) \$ _____ 457 \$ _____ Other (not TRS) \$ _____

NOTE: THE AMOUNTS LISTED ABOVE MUST BE A TOTAL AMOUNT OF ALL 403(b) SALARY REDUCTION CONTRIBUTIONS (WITH ALL 403(b) INVESTMENT COMPANIES) WHILE AT THE PRESENT EMPLOYER FROM THE HIRE DATE THRU DECEMBER 31 OF LAST YEAR.

___ FIXED ANNUITY: (check if applicable)

Insurance or Investment Company _____

Yes No (circle) Is there any life insurance as part of this contract?

___ VARIABLE ANNUITY _____ MUTUAL FUND: (Check if applicable)

Insurance or Mutual Fund Company _____

Yes No (circle) Has a Uniform Disclosure Notice to Potential Purchaser of 403(b) Annuity Contract Through Salary Reduction Agreement with Educational Institution been completed and signed by both the Representative and Participant?

Yes No (circle) Has the most recent list of approved companies from the TRS list been reviewed and only those companies listed by TRS made a part of this agreement?

When was the TRS list of approved companies last reviewed by both the Participant and Representative? _____

LOANS:

Yes No (circle) Does this contract have a loan provision available? NOTE: Loan must be repaid monthly or quarterly.

WITHDRAWALS:

Unless funded prior to 1/1/89, distribution under 430 (b) of the I.R.C. may be made only if the employee/participant has:

- a. attained age 59 ½; or
- b. separated from the service of the employer that purchased the TSA; or
- c. died; or
- d. became disabled, as defined in Section 72 (m)(7) of the Code; or
- e. encountered financial hardship with the meaning of Section 403(b) of the Code; or
- f. been issued a qualified domestic relations court order.

(Different guidelines may apply to funds deposited prior to 12/31/88.)

I understand that withdrawals prior to attaining age 59 ½ will be subject to the I.R.S. penalty of 10% except in circumstances as defined by I.R.S. Code and disqualification from participation in the next 12 months. I understand that other investment choices may be available under my employer's 403(b)/ 403 (b)(7) program.

PARTICIPANT SIGNATURE

REPRESENTATIVE NAME (PRINT)

DATE

REPRESENTATIVE'S SIGNATURE

Note: Disclosure statement valid only with Salary Reduction Agreement attached. The Uniform Disclosure Notice to Potential Purchaser of 403(b) Annuity Contract Through Salary Reduction Agreement with Educational Institution must also be attached with this Disclosure Agreement.

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