

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

Name: _____ SS#: _____ Employer: _____

_____ **FIXED ANNUITY:** (check if applicable)

Funding Company _____

1. When does cash surrender value equal total deposits? At end of year

2. If your product includes a bonus on premium deposits or an interest rate bonus, describe precisely the terms and conditions under which that bonus is credited and actually paid to the participant in benefits:

3. Describe the surrender or withdrawal charge schedule in detail:

4. Is the surrender charge on: a deposit date basis or a contract date basis?

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

_____ **MUTUAL FUND** _____ **VARIABLE ANNUITY:** (check if applicable)

Funding Company _____

Describe all sales charges, surrender charges, maintenance fees, investment management fees and operating expenses:

LOANS:

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

WITHDRAWALS:

Unless funded prior to 1/1/89, distribution under 403(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. become disabled, as defined in Section 72(m)(7) of the Code; or
- e. encountered financial hardship within 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 an IRS penalty of 10% except in circumstances as defined by IRS Code and disqualification from participation for the next 12 months. I understand that other investment choices may be available under my employer's 403(b)/403(b)(7) program.

**(Complete only if investing in a no-load mutual fund)
HOLD HARMLESS AGREEMENT
EMPLOYEE TO EMPLOYER & THIRD PARTY ADMINISTRATOR**

I realize that the company/custodial fund I have chosen for my 403(b)/403(b)(7) annuity plan has no local representative who will be responsible for completion of the salary reduction agreement and disclosure statement required by my employer. Therefore, I am completing this paperwork myself and agree to assume full responsibility for the consequences, including the possibility of I.R.S. penalties for over-contributions. I also understand that I am totally responsible for reading the policies, brochures, prospectus (for mutual funds) and determining the charges, fees withdrawal & loan provisions, etc. Applicable to the account I have chosen. I absolve my employer and the third party administrator of all responsibilities concerning the above.

Accepted and agreed to by me, effective as of the date of signature.

Signature of Employee

Date

PARTICIPANT'S SIGNATURE

REPRESENTATIVE'S NAME (PRINT)

DATE

**First Financial Administrators, Inc.
Phone Telephone: (800) 523-8422**

REPRESENTATIVE'S SIGNATURE

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