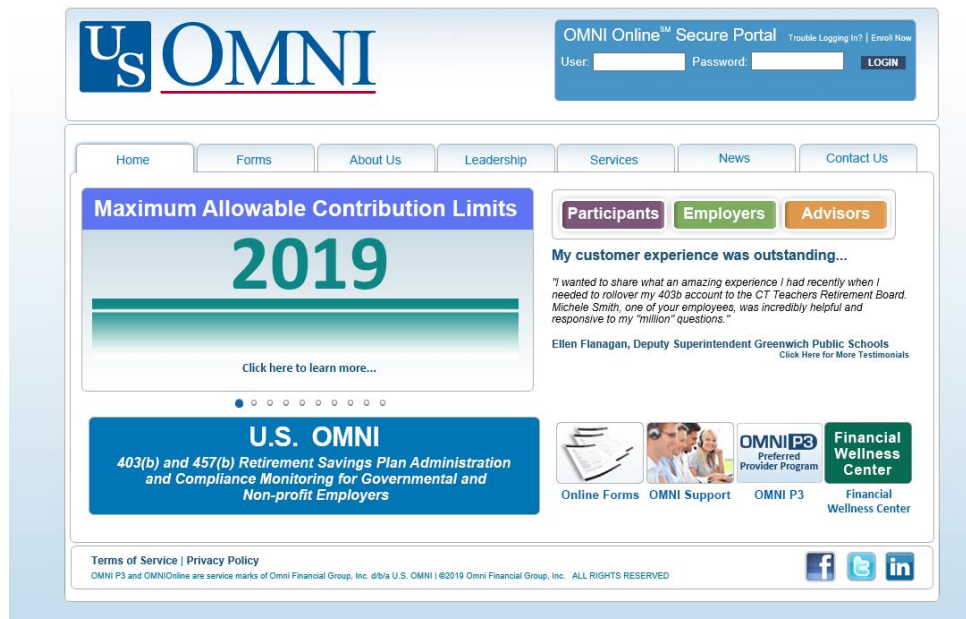


# Cicero District 99 – Changing Your 403(b) Contribution

1. Visit [www.omni403b.com](http://www.omni403b.com).



2. Click "Forms".



3. Fill in EMP State "Illinois" and EMP Name "Cicero Public School Dist. 99". Click "Show Details".  
\*NOTE\* MUST FILL IN STATE FIRST

**US OMNI** OMNI Online<sup>SM</sup> Secure Portal [Trouble Logging In?](#) | [Enroll Now](#)  
User:  Password:  [LOGIN](#)

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## Forms

**Salary Reduction Agreement (SRA) Forms**  
Please note: Not all transactions or forms are available to all organizations. Please visit the **Employer Plan Info** section for specific forms applicable to your organization's plan.

**Employer Plan Info.**  
To view information specific to your employer, select your state then begin typing the name of your employer into the Employer Name field. When the name of your employer appears in the options area, click on its name to select it.

EMP STATE:   
EMP NAME:   
[Show Details](#)

**403(b) Plan Transaction Forms**  
For assistance determining the proper Service Provider transaction form to submit for your situation, please review our [Transaction Instructions](#) page.

- Death Claim
- Disability
- Distribution
- Exchange
- Hardship
- Loan
- QDRO
- Required Minimum Distribution
- Rollover
- Service Credit
- Transfer

[Upload Service Provider Paperwork/Supporting Documentation](#)

**Transaction Selection Assistant**  
Not sure which form you need? Try our new

[Terms of Service](#) | [Privacy Policy](#)  
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4. You are now on the "Cicero Public Schools Dist. 99" Page. It looks like this:

## Plan Details

**Cicero Public Schools Dist. 99, Cicero IL**

Looking for help in learning about your investment options? [CLICK HERE](#)

Current Status: Active

### Participating Service Providers

### Investment Types

Mouseover investment type for definitions

☒ Fixed Annuity (F) ☒ Fixed Index Annuity (FI) ☒ Variable Annuity (VA) ☒ Investment Advisory Services (RIA) ☒ Mutual Funds (MF)

[Agent Info](#) - Click icon for details [Online Enrollment](#) - Click icon for details

☐ Product not offered

	(F)	(FI)	(VA)	(RIA)	(MF)	
AIG Retirement Services (formerly VALIC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1-888-569-7055
AXA Equitable Life Insurance Company	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1-800-628-6673
Lincoln Investment Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1-800-242-1421 ext. 4500
MetLife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
PlanMember Services Corp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1-800-874-6910
ROTH - AIG Retirement Services (formerly VALIC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1-888-569-7055
ROTH - AXA Equitable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1-800-628-6673
ROTH - Lincoln Investment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1-800-242-1421 ext. 4500
ROTH - MetLife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ROTH - PlanMember Services Corp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1-800-874-6910
ROTH - Voya Financial (Reliastar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1-855-663-8692 or 1-800-584-6001
Voya Financial (Reliastar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1-800-584-6001

### Start or change your CONTRIBUTIONS

1. You must open an account with your selected service provider(s)
2. Complete and submit a Salary Reduction Agreement (SRA)

**Salary Reduction Agreement (SRA):**  
[Online](#) [PDF](#)

### Plan Transactions & Forms

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

- > Death Claim
- > Disability
- > Distribution
- > Exchange
- > Hardship
- > Loan
- > QDRO
- > Required Min. Distribution
- > Rollover
- > Service Credit
- > Transfer

> Service Based Catch-Up Request:  
[Online](#) [PDF](#)

[Education](#)

5. Click the red **“Online”** beneath **“Salary Reduction Agreement (SRA)”**

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## Plan Details

Cicero Public Schools Dist. 99, Cicero IL

**403(b) Plan**

Current Status: Active

Looking for help in learning about your investment options? [CLICK HERE](#)

### Participating Service Providers

#### Investment Types

Mouseover investment type for definitions

Fixed Annuity (F) Fixed Index Annuity (FI) Variable Annuity (VA) Investment Advisory Services (RIA) Mutual Funds (MF)

Agent Info. - Click icon for details Online Enrollment. - Click icon for details

Product not offered

	(F)	(FI)	(VA)	(RIA)	(MF)	
AIG Retirement Services (formerly VALIC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1-888-569-7055
AXA Equitable Life Insurance Company	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1-800-628-6673
Lincoln Investment Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1-800-242-1421 ext. 4500
MetLife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
PlanMember Services Corp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1-800-874-6910
ROTH - AIG Retirement Services (formerly VALIC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1-888-569-7055
ROTH - AXA Equitable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1-800-628-6673
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ROTH - MetLife	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
ROTH - PlanMember Services Corp.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1-800-874-6910
ROTH - Voya Financial (Reliastar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1-855-663-8692 or 1-800-584-6001
Voya Financial (Reliastar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1-800-584-6001

### Start or change your CONTRIBUTIONS

1. You must open an account with your selected service provider(s)
2. Complete and submit a Salary Reduction Agreement (SRA)

**Salary Reduction Agreement (SRA):**

> Online > PDF

### Plan Transactions & Forms

For assistance determining the proper service provider transaction form to submit for your situation, please review our Transaction Instructions page.

- > Death Claim
- > Disability
- > Distribution
- > Exchange
- > Hardship
- > Loan
- > QDRO
- > Required Min. Distribution
- > Rollover
- > Service Credit
- > Transfer

> Service Based Catch-Up Request:

> Online > PDF

Education

6. You will see the Omni 403(b) Salary Reduction Agreement Form:

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## 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 \$19000 (\$25000 if age 50 or over) for 2019. 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)

#### Part 2: Employee Information

Please select your Employer's State and Name before continuing.

#### Part 3: Contribution Information

Please select your Employer's State and Name before continuing.

#### Part 4: Agreements and Acknowledgements

The above named Employee where applicable, agrees as follows:

1. To modify his/her salary reduction(s) as indicated above.
2. That his/her Employer transfers the above stated funds on Employee's behalf to OMNI® for remittance to the selected Service Provider(s).
3. This SRA is legally binding and irrevocable with respect to amounts paid.
4. This SRA may be changed with respect to amounts not yet paid.
5. This SRA may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new SRA is submitted.
6.
  - a. That OMNI® does not choose the annuity contract or custodial account in which your contributions are invested.
  - b. OMNI® does not endorse any authorized Service Provider, nor is it responsible for any investments.
  - c. OMNI® makes no representation regarding the advisability, appropriateness, or tax consequences of the purchase of the TSA and/or CA described herein.
  - d.

7. Select your “Employer State” and “Employer Name” from the Drop-Down Lists. Then, the fields you need to complete will appear.

**Part 1: Employer Information**

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

**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.

**Part 2: Employee Information**

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

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

\*Address:

\*City:  \*State:  \*Zip (5 digits or 5-4 digits):

\*Date of Birth: (MM/DD/YYYY)  \*Phone:  \*Email address:  \*Re-enter Email address:

☐ There is a financial advisor/representative associated with this transaction.

**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.

8. Check the box that says, “There is a financial advisor/representative associated with this transaction” so your advisor can keep an eye on your contribution changes.

Additional fields will appear. Enter your advisor’s name, phone number and email.

Check the box that says, “I wish the above named agent to be copied on all e-mail communications sent to the plan participant, including certificate(s) of approval, which may be associated with this transaction.”

**Part 2: Employee Information**

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

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

\*Address:

\*City:  \*State:  \*Zip (5 digits or 5-4 digits):

\*Date of Birth: (MM/DD/YYYY)  \*Phone:  \*Email address:  \*Re-enter Email address:

☒ There is a financial advisor/representative associated with this transaction.

\*Agent Name:

\*Agent Phone:

\*Agent Email:

☒ I wish the above named agent to be copied on all e-mail communications sent to the plan participant, including certificate(s) of approval, which may be associated with this transaction.

9. In part 3, “Contribution Information,” select the box that applies to you.

**\*NOTE\*** In most cases, click “Reoccurring Contributions.”

**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 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. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

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

10. Fill in “Plan Type”, “Service Provider”, “Effective Date”, and “Amount”. Account number isn’t necessary if you can’t find it.

**\*NOTE\*** If you have two or more 403(b)s within your employer, and you are only making changes to 1 of them, you still need to put the value of your other contribution or it will be nullified. Read the **RED WARNING** and it will be clear.

**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)	AIG Retirement Services (formerly VALIC)	<input type="text"/>	06/27/2019	\$200
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
5. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

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

11. After you complete the “Reoccurring Contributions”, scroll to the bottom of the page to confirm your selections. You will need to enter your Social Security Number:

#### Part 4: Agreements and Acknowledgements

The above named Employee where applicable, agrees as follows:

1. To modify his/her salary reduction(s) as indicated above.
2. That his/her Employer transfers the above stated funds on Employee's behalf to OMNI® for remittance to the selected Service Provider(s).
3. This SRA is legally binding and irrevocable with respect to amounts paid.
4. This SRA may be changed with respect to amounts not yet paid.
5. This SRA may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new SRA is submitted.
6.
  - a. That OMNI® does not choose the annuity contract or custodial account in which your contributions are invested.
  - b. OMNI® does not endorse any authorized Service Provider, nor is it responsible for any investments.
  - c. OMNI® makes no representation regarding the advisability, appropriateness, or tax consequences of the purchase of the TSA and/or CA described herein.
  - d.
    - i. OMNI® shall not have any liability whatsoever for any and all losses suffered by Employee with regard to his/her selection of the TSA and/or CA, its terms, the selection of any service provider, the financial condition, operation of or benefits provided by said service provider, or his/her selection and purchase of shares by any service provider. Nothing herein shall affect the terms of employment between Employer and Employee.
    - ii. Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness, or tax consequences of the purchase of the annuity and/or custodial account described herein.
    - iii. The Employer shall not have any liability for any and all losses suffered by an Employee with regard to the selection(s) of any TSA and/or CA, any related terms and conditions, the selection of any service provider, the financial condition, operation of or benefits provided by any service provider or the selection and purchase of shares by any service provider.
7. To be responsible for setting up and signing the legal documents necessary to establish a TSA or CA.
8. To be responsible for naming a death beneficiary under their TSA or CA. This is normally done at the time the contract or account is established. Beneficiary designations should be reviewed periodically.
9. When provided all required information in a timely manner, OMNI® is responsible for determining that salary reductions do not exceed the allowable contribution limits under applicable law, and will complete MAC calculations as required by law.
10. To contact OMNI® and complete the appropriate OMNI® forms for any requests for distributions, loans, hardship withdrawals, account exchanges plan-to-plan transfers or rollover contributions. Processing fees for the foregoing transactions may apply.
11. This SRA is subject to the terms of the Services Agreement between OMNI® and Employer, and to the Information Sharing Agreement between OMNI® and the Service Providers, copies of which may be obtained from Employer.
12. This agreement supersedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

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By clicking the button below labeled "Continue", I hereby confirm that the information on this form is correct and complete to the best of my knowledge. I certify that I have read this complete agreement and that my requested salary reduction(s), if in excess of my base limit, represent(s) my wish to utilize any catch-up provisions for which I may be eligible. I further certify that I will notify OMNI in the event I begin contributing to another 403(b), 401(k) or 401(a) plan. I understand my responsibilities as an Employee under this Program, and I request that Employer take the action specified in this agreement. I understand that all rights under the TSA or CA established by me under the Plan are enforceable solely by my beneficiary, my authorized representative or me. I certify that I have read this complete agreement and that my requested salary reduction(s), if in excess of my base limit, represent(s) my wish to utilize any catch-up provisions for which I may be eligible. I further certify that my salary reductions do not exceed contribution limits as determined by applicable law. I understand my responsibilities as an Employee under this Program, and I request that Employer take the action specified in this agreement. I understand that all rights under the annuity or custodial account established by me under the Program are enforceable solely by my beneficiary, my authorized representative or me.

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

Reset

Continue

Please note: Javascript must be enabled for this form to be properly submitted. If you are having difficulty submitting the form, please ensure that your browser settings enable Javascript usage.

12. You will be prompted to review your information and reconfirm your Social Security Number.

13. You will be given a confirmation number and should see an email from OMNI shortly after you submit.

14. It may take up to 2 pay periods for it to be in effect.