

BANDERA INDEPENDENT SCHOOL DISTRICT

SOLICITORS AGREEMENT

Processing Rules for Solicitors

Bandera Independent School District desires to offer employees a payroll reduction plan for the purchase of annuities or other authorized investments as authorized under the provisions of Public Law 87-370, U.S. Internal Revenue Code Section 403(b) as amended to include 403(b)(7), and Article 6228a-5, Vernon's Texas Civil Statutes as amended by House Bill 1824 and Senate Bill 273. Solicitors wishing to solicit these accounts from Bandera Independent School District employees must meet the requirements outlined below. Failure to comply will be cause for non-acceptance of any contract submitted by that solicitor.

1. National Plan Administrators, Inc., herein after referred to as "NPA", has been contracted by Bandera I.S.D. as the Third Party Administrator for processing the above mentioned accounts. NPA will provide consolidated billing service to the District and disburse payments to all providers within 2 business days after receipt of funds and backup from the District (holidays and weekends excluded). In addition to billing functions, NPA will serve as your liaison to the District. NPA will provide the required forms, agreements, and review salary reduction agreements for compliance with state law and IRS and TRS regulations.
2. Any/all salary reduction agreement(s) for contribution to the before mentioned plan must be approved as to form and content by the Third Party Administrator. NPA's address is:

National Plan Administrators, Inc.
PO Box 161630
Austin, Texas 78716
Phone: (512) 327-6481

3. Any/all changes to participant's salary reduction agreements will be made through the Third Party Administrator.
4. On any changes to an existing account, a properly completed Salary Reduction Agreement must be submitted and approved by the Third Party Administrator before the account change is processed.
5. NPA will also administer loans, hardship withdrawals, distributions, transfers and exchanges. The employer requires that NPA's Transaction Authorization Form be used along with any forms that the companies require. The Transaction Authorization Form can be obtained from NPA's website at www.NatlPlan.com.
6. **ENROLLMENT PERIOD.** Employees may start 403(b) or 403(b)(7) plan at any time, however, the deductions will begin after paper work has been submitted to the TPA and according to TIME FRAME FOR DEDUCTIONS.
7. **TIME FRAME FOR DEDUCTIONS:** All paperwork must be completed and delivered to National Plan Administrators, Inc. on or before the First (1st) of the month in order to effect a salary reduction. Any/all paperwork not completed and delivered to National Plan Administrators, Inc. will be included in the next available months payroll adjustments. Incomplete paperwork will be returned to the solicitor.

8. Solicitors will not be allowed to make presentations to campus personnel on campus. No solicitation or personal meetings are allowed during school hours on campus. A teacher may make an appointment only during non-school hours.
9. The 80th Texas Legislature (2007) passed House Bill 2427, which expands the Teacher Retirement System (TRS) 403(b) responsibilities to include registration of qualified products. Beginning January 1, 2008, employees of Texas public and open enrollment charter schools may enter into new salary reduction agreements only for 403(b) products on the TRS registered product list. In addition, the Product Provider must have signed the Product Provider Agreement to be included in the employers plan.
10. Solicitors are to attach to this Agreement a copy of their license to solicit 403(b) or 403(b)(7) products.
11. Solicitors are to provide a copy of each application with the salary reduction agreement. The Salary Reduction Agreement adopted by the employer is the only SRA that will be honored.
12. Solicitors must agree to adhere to the employer's Plan Document.

I do hereby understand and accept the rules and regulations for solicitation on District property.

(Name of Companies that you can sell for)

(Solicitor – Print Name)

(State License Number)

(Solicitor's Address & Zip Code)

(Solicitor's Telephone Number)

(Solicitor's Fax Number)

(Solicitor's Signature)

(Solicitor's E-mail Address)

(Date)

Please Attach a Copy of Your Insurance License