

MEMORANDUM

TO: SOLICITORS - TAX SHELTERED ANNUITIES - WILLS POINT ISD

FROM: National Plan Administrators

SUBJECT: TSA Administration

Wills Point Independent School District has entered into an agreement with National Plan Administrators, Inc. to act as the third party administrator for Tax Sheltered Annuities. The third party administrator will be providing the following services for the school district: 1) consolidated billing; 2) auditing legal documents; 3) acting as liaison for employees, agents, and providers; 4) collecting Provider Hold Harmless Agreements; and 5) verifying that a Provider is a certified provider under Art. 6228a-5, Texas Civil Statutes, on the TRS web-site.

There is no cost to the participants, solicitors, or Providers. All certified Providers and duly licensed Solicitors will be afforded an opportunity to participate. The Provider will be required to sign a Hold Harmless Agreement which exempts the District, District employees and the Third Party Administrator (National Plan Administrators) from Product Liability. The most significant changes for Solicitors are submitting all required paperwork directly to National Plan Administrators, including. a) the Disclosure Statement required by state law; and b) the Required Information Statement. New payroll reduction forms for employees of Wills Point I.S.D. will be honored only if:

1. Cooperating certified Providers have submitted a signed Hold Harmless Agreement.
2. Solicitors have signed the Solicitor's Agreement (Please include your address and phone number).
3. A properly executed Salary Reduction Agreement, Required Information Statement, and Disclosure Statement have been submitted.

The purpose of TSA administration is not to inhibit you from doing business in the Wills Point I.S.D. Rather, it is to provide the professional annuity solicitors the proper atmosphere in which to conduct business and to relieve administrative burdens on the employer. For your information, National Plan Administrators, Inc. is an administration company only and will not be soliciting 403(b) or 403(b)(7) contracts. Should you have any questions, please direct them to:

National Plan Administrators, Inc.
P. O. Box 161630
Austin, Texas 78716
Phone: (512) 327-6481
FAX: (512) 275-9395
E-mail: TSA@Natlplan.com

In order to offer 403(b) and 403(b)(7) products in the Wills Point I.S.D., please complete the Solicitor's Agreement. Forward it to National Plan Administrators, Inc. Please send a Hold Harmless Agreement to each of the companies that you represent.

WILLS POINT INDEPENDENT SCHOOL DISTRICT

SOLICITORS AGREEMENT

Processing Rules for Solicitors

Wills Point 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 Wills Point 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 Wills Point 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 I.R.S. 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) 327-4420

3. The TSA Hold Harmless Agreement provided by NPA is required. The Solicitor must have the Provider sign a Hold Harmless Agreement; no payroll deductions will be honored without a signed Hold Harmless Agreement from the Provider.
4. Any/all changes to participant's salary reduction agreements will be made through the Third Party Administrator.
5. On any changes to an existing account, a properly completed Amended Salary Reduction Agreement must be submitted and approved by the Third Party Administrator before the account change is processed.
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.

Wills Point Independent School District
Solicitor's Agreement

7. **TIME FRAME FOR DEDUCTIONS:** All paperwork must be completed and delivered to National Plan Administrators, Inc. on or before the Fifth (5th) of the month in order to effect a salary reduction for that month. Paperwork not completed and delivered to National Plan Administrators, Inc. by the 5th will be included in the following month's payroll adjustments. Incomplete paperwork will be returned to the Solicitor.
8. Solicitors are **not** allowed to make presentations to campus personnel on campus. Please note that Solicitors are not permitted to contact employees on school time.
9. Pursuant to Art. 6228a-5, Texas Civil Statutes, Solicitors may only offer eligible qualified investment products to District employees.
10. Solicitors are to attach to this Agreement a copy of their license to solicit annuities.
11. Solicitors are to provide a copy of each application with the salary reduction agreement, the Required Information Statement, and the Disclosure Statement.

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