

Ⓢ IMPORTANT! If the Employer is a 501(c)(3) organization, include a copy of the IRS Determination Letter

Financial Representative and Branch Information				
Lincoln Rep #	Branch #	Financial Representative Name	Date Rec'd in Good Order	Date Shipped to Branch
Name of Individual Completing Form			Signature Required	Branch Manager Signature

Section A1: Employer Information				
Employer Name Glassboro Public Schools			Employer Tax ID (EIN) 21-6000195	
Physical Address (No PO Boxes) 560 Joseph Bowe Boulevard			Daytime Phone 856-652-2700	
City Glassboro	State NJ	Zip Code 08028	Evening Phone N/A	
Mailing Address (if different from above)			Cell Phone	
City	State	Zip Code	Other Phone	Type
Primary Email Address smucerino@glassboroschools.us			Lincoln must obtain consent to provide certain documents electronically. Please review the section on Consent to Electronic Delivery in the Lincoln Investor Agreement and Disclosure Handbook ("Handbook") and if you do NOT wish to receive electronic documents from Lincoln, decline by initialing here: _____	

Individuals Authorized to Transaction Business (Provide supporting legal proof of authority)			
Print Name See Attached	Title	Number of Signatures required:	
Print Name	Title		
Print Name	Title		

Section A2: Contact Information			
Payroll Contact Name Sharon Mucerino		Title Payroll Clerk	
Telephone Number 856-652-2700	Fax Number 856-881-0884	Email Address smucerino@glassboroschools.us	
Business Administrator Name Walter Pudelko		Title Business Administrator	
Telephone Number 856-652-2700	Fax Number 856-881-0884	Email Address wpudelko@glassboroschools.us	



Section A3: Employer Type Information	
Select One: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private (Non-Governmental)	
Employer Type (Choose one)	Category (choose one)
Educational <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> School District/BOE <input type="checkbox"/> Charter School <input type="checkbox"/> Vocational/Technical/Special Services <input type="checkbox"/> Primary/Secondary School <input type="checkbox"/> State Education Department <input type="checkbox"/> College/University <input type="checkbox"/> Community College
Medical <input type="checkbox"/>	<input type="checkbox"/> Hospital/Medical Center <input type="checkbox"/> Other Medical
Religious <input type="checkbox"/>	<input type="checkbox"/> Church <input type="checkbox"/> Other Religious Organization
Other 501(c)(3) <input type="checkbox"/>	<input type="checkbox"/> Charity <input type="checkbox"/> Social Service Agency
Governmental (Non-educational) <input type="checkbox"/>	<input type="checkbox"/> State <input type="checkbox"/> Municipal <input type="checkbox"/> County <input type="checkbox"/> Indian Tribal
For Profit Business <input type="checkbox"/>	<input type="checkbox"/> C Corporation <input type="checkbox"/> LLC - C Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> S Corporation <input type="checkbox"/> LLC - S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC - Partnership
Other Non-Profit (NOT a 501(c)(3)) <input type="checkbox"/>	<input type="checkbox"/> Non-Profit Association/Lobbying Group <input type="checkbox"/> Other

Section A4: Third Party Remitter/Administrator Information			
Name of Third Party The Omni Group		Type <input type="checkbox"/> TPR <input checked="" type="checkbox"/> TPA <input type="checkbox"/> Both	
Street Address 1099 Jay Street, Building F		Telephone Number	
City Rochester	State NY	Zip Code 14611	Fax Number 585-756-5557
Email Address serviceprovider@omni403b.com		Contact Name Robert McLean	

Section A5: Approved Vendor Information	
① Complete this section if employer offers a 403(b) and/or 457 Plan.	
Is Lincoln the exclusive product provider for this plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → Complete table below; attach separate sheet if necessary	
Name of Mutual Fund or Insurance Company	Name of Mutual Fund or Insurance Company
See Attached	

Section A6: Billing Information			
Remittance Method	Date of First Remittance: <u>To be determined</u>		
	How will contributions be submitted? <input type="checkbox"/> ACH Bank Wire <input type="checkbox"/> ACH Debit → Also complete Section B How will contribution information be submitted? <input type="checkbox"/> Internet Email <input type="checkbox"/> Website (encrypted)		
Remittance Schedule	Check payment directly to vendor		
		Number of Pays	Number of Salary Reductions
	Schedule 1	To be determined	
	Schedule 2		
		Number of Remittances	
Schedule 3			



Section A7: Plan Information

Eligible Employees

Number of Eligible Employees: 400 plus

Select One:

Non-ERISA ERISA (prior approval required)

Check all that apply:

403(b) **Plan is already established**

- Pre-Tax Employee Elective Deferral (ELDF)
- Roth Employee Elective Deferral (ELDF)
- Employer Match (ERMA)
- Employer Basic (ERBA)
- Governmental Employer Contribution (GVER)

457

- Pre-Tax Employee Elective Deferral (ELDF)
- Roth Employee Elective Deferral (ELDF)
- Employer Match (ERMA)
- Employer Basic (ERBA)
- Governmental Employer Contribution (GVER)

ERISA 403(b)

- Pre-Tax Employee Elective Deferral (ELDF)
- Roth Employee Elective Deferral (ELDF)
- Employer Match (ERMA)
- Employer Basic (ERBA)
- Governmental Employer Contribution (GVER)

Texas ORP

- Employee Mandatory ORP
- Employer ORP Contributor

SEP IRA

- Employer Basic (ERBA)

SIMPLE IRA

- Pre-Tax Employee Elective Deferral (ELDF)
- Roth Employee Elective Deferral (ELDF)
- Employer Match (ERMA)

Other

- Payroll Deduction IRA (PDED)
- Payroll Deduction Roth IRA (PDED)
- 529 Savings Plan (PDED)
- Other _____

Plan and
 Contribution
 Type(s)

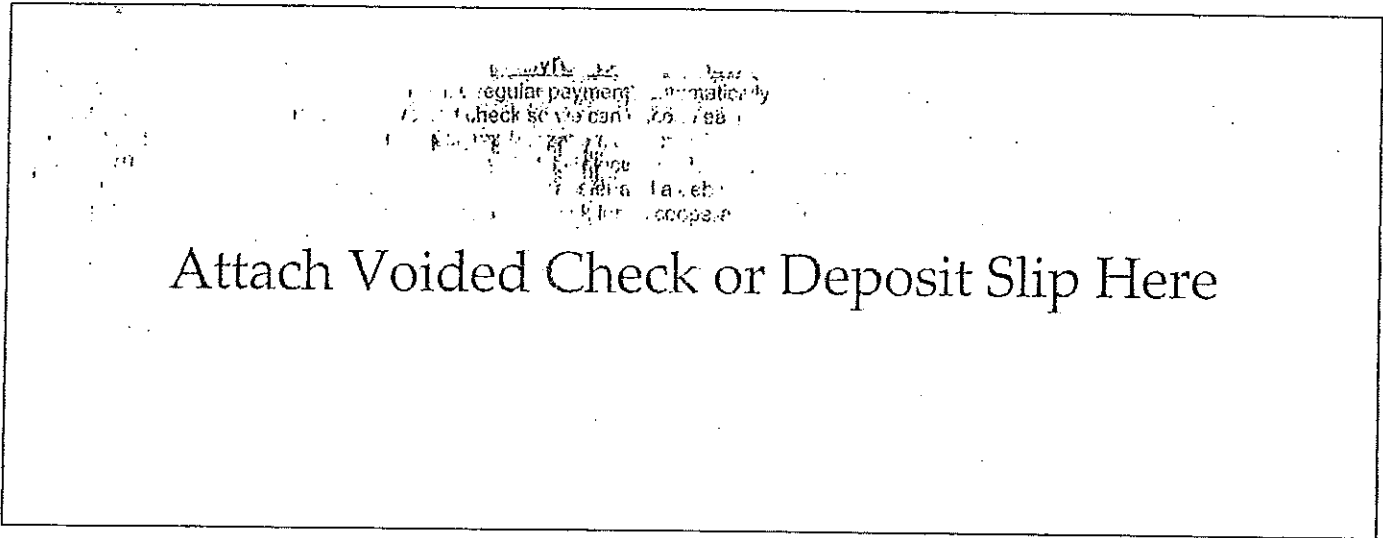


Not applicable - check payment directly to vendor

Section B: ACH Debit Authorization for Payroll Contributions

ACH Debit enables you, the employer, to make regular payments automatically, without writing a single check or addressing an envelope. Fill in the authorization below and attach a voided check so we can encode each payment with the same essential information your own checks carry. As soon as your bank has accepted your authorization, and only if your bank is a member of the National Automated Clearing House Association (NACHA), the amount of each payment will be electronically deducted from your checking account by Electronic Fund Transfer as you direct. The bank will process the Electronic Fund Transfer and a debit entry will appear on your account statement. While we cannot guarantee that your bank will accept this service, we will ask for its cooperation. Please complete below to automatically have your payments deducted from your checking account.

Employer Name		
Account Name on Bank Records		
Name of Bank		
Bank Street Address		
Bank City	State	Zip Code
Bank Account Number	Routing Number	



On behalf of the above named Employer, I authorize Lincoln Investment Planning, Inc. to initiate debit entries against this checking account. The withdrawals shall continue until the authority is revoked in writing.

Signature Required	Authorized Signature	Name and Title	Date



Section C: Governmental 457 Deferred Compensation Plan Agreement to Establish Employee Accounts

Glassboro Public Schools (Employer), located at Glassboro, NJ hereby certifies that it qualifies as a Governmental organization eligible to offer a Section 457(b) Plan under the Internal Revenue Code ("Code") to its employees.

EMPLOYER represents:

- That as part of the 457(b) Plan that it has established and maintains for eligible employees, it either allows or intends to allow employees to Exchange their current 457(b) accounts/contracts for custodial accounts/contracts offered by Lincoln Investment Planning, Inc. ("Lincoln").
- That it is responsible for implementing the salary deferral agreements no earlier than the first day of the month following the date of the employee's election to participate in the plan. Employer is also responsible for withholding employee deferrals from current compensation and transmitting such amounts to Lincoln in accordance with the Internal Revenue Code and/or State law regarding the timely deposit of employee deferrals.
- That it has adopted a written 457(b) plan document and shall provide a copy of the document and any updates, amendments or other changes to Lincoln.
- That it authorizes Lincoln to share necessary Plan information with any third party administrator chosen by the Employer.
- That it approves Lincoln in its Plan document as a provider of 457(b) accounts/contracts.
- That it approves Lincoln to offer to its employees Retirement SOLUTIONS / Retirement SOLUTIONS^{PREMIER} custodial accounts.
- That it has reviewed and received a copy of the Employer Profile and Data Collection Form and this Agreement.

LINCOLN agrees:

- That it shall offer only products that comply with the provisions of Section 457 of the Internal Revenue Code of 1986, as amended, any regulations issued thereunder, and any other relevant Federal or State Law. Such products shall be available to the Employer for any legally eligible employee electing to participate.
- That it will, in the event of a tax audit of Employer, cooperate in providing necessary information relating to the 457(b) plan as requested.
- That its representatives shall comply with all pertinent written directives regarding the solicitation of employees of the Employer.
- That it will indemnify and hold harmless the Employer, and any individual member of the governing board, representatives and employees from every claim, demand and suit which may arise out of, be connected with, or be made by reason of Lincoln's negligence or Lincoln's failure to meet the requirements of this Agreement. Notwithstanding the preceding, this indemnification shall not cover any claim or demand based on erroneous information provided by the Employer, its representatives or employees.
- That, at its own expense and risk, it shall defend any court proceeding that may be brought based on any claims or demands covered by this Agreement, and shall satisfy any judgment with respect of such claim or demand, provided that the Employer notifies Lincoln, in writing, within 10 business days of receipt of such claim or demand.

EMPLOYER and LINCOLN agree:

- That this Agreement may be modified, amended or terminated upon thirty (30) days written notice to the other party, provided that no such modification, amendment or termination shall affect any liability incurred prior to such modification, amendment or termination.
- That all notices and/or written communication between the parties shall be mailed or delivered to the addresses set forth below unless otherwise directed, in writing, by either party.
- That this Agreement is the exclusive arrangement between the parties for services under the Plan. Neither party shall have any other obligations or liabilities not specified herein unless both parties agree to such additional obligations or liabilities in writing.
- That no service provided by the terms of this Agreement or under the Plan is to be construed as individual legal or tax advice to participants, nor to either party.
- That this Agreement shall be construed under the laws of the Commonwealth of Pennsylvania unless pre-empted by federal law. Any litigation with respect to the terms and conditions of the Agreement will be conducted under such State's jurisdiction and the parties agree that venue lies therein.
- That if any term or provision of this Agreement shall be found to be illegal or unenforceable then, notwithstanding, the remainder of this Agreement shall remain in full force and effect and such term or provision shall be deemed stricken.
- That to help the government fight the funding of terrorism and money laundering, federal law requires all financial institutions to obtain, verify and record information that identifies each natural person/entity that opens an account. Lincoln may use information provided by the Employer and its parties to verify.
- That Lincoln has delivered and Employer has read and understood the full disclosures provided in the Lincoln Investor Agreement Disclosure Handbook ("Handbook"). Employer understands that Lincoln will provide this Handbook to its employees when they open an account with Lincoln.

To evidence their mutual understanding and acceptance to the terms of this Agreement, the parties do authorize and execute this Agreement.

Effective Date of Agreement: July 1, 2014

Employer Acceptance

Signature Required	Authorized Signature	Name and Title	Date
	<i>[Signature]</i>	Walter Pudelko, Business Admin.	5/28/14

Lincoln Acceptance

Authorized Signature	Name and Title	Date
<i>[Signature]</i>	Thomas Murphy, Chief Operating Officer	

