

**Orange County Public Schools**  
**403(b)/457(b) Product Disclosure**  
 prepared for

\_\_\_\_\_ (employee)

This disclosure statement must be completed by the provider and a copy given to the employee each time the employee executes a new salary reduction agreement (SRA) with Orange County Public Schools. A signed copy of this disclosure must accompany each original salary reduction agreement when submitted to the Retirement Services Department of Orange County Public Schools.

**(Not required for amendments to original SRA)**

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| <b>I. Administration Data:</b><br><br>A. Insurance Company or Mutual Fund: _____<br>Administrator or Custodian: _____<br>Company Address: _____<br>_____<br>Company Telephone: _____   | B. Local Agent / Registered Representative: _____<br><br>Name of Local Firm: _____<br>Local Address: _____<br>_____<br>Local Telephone: _____  |
| <b>II. Product Type (please check one)</b><br><br><input type="checkbox"/> Interest Annuity - Current rate _____ % Guaranteed rate _____ %<br><input type="checkbox"/> Equity Index Annuity<br><input type="checkbox"/> Variable Annuity<br><input type="checkbox"/> Mutual Fund   | <b>IV. For Equity Index Annuities Only:</b><br><br>Index Utilized: _____<br>Current Participation Rate ____%. (Min/Max ____%/____%)<br>Guaranteed Interest Rate: _____ % on _____ % of payments.   |
| <b>III. Fees or Charges associated with the Contract or Fund</b><br>(complete applicable sections only)<br><br>Annual Fee: \$ _____ or _____ % of _____<br><br>Custodial Fee: \$ _____ per _____.<br><br>Front-end Sales Charge _____ % of each contribution.<br><br>Registered Investment Advisor Fee \$ _____ per _____, or other _____<br><br>Annual Mortality and Expense Charge _____ %<br><br>Loan Processing Fee \$ _____<br><br>Fee for Transfers between Funds or Sub-accounts \$ _____<br><br>Other _____<br><br>None for all above <input type="checkbox"/>   | <b>V. Surrender Charges or Contingent Deferred Sales Charge</b><br>(if applicable)<br><br>Declining - ____ % beginning year one and reducing to 0% in year ____.<br><br>Rolling - ____ % from the date of each contribution for ____ years.<br><br>Other - _____<br>_____  |
| <b>VII. Replacement Vendor Information:</b><br><br>Is this a replacement of a current provider? YES <input type="checkbox"/> NO <input type="checkbox"/> Previous Vendor: _____<br>Transfer of Assets <input type="checkbox"/> Non-transfer of Assets <input type="checkbox"/><br>If transferring, are there any surrender penalties or charges? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, what are they? _____   | <b>VI. Loan Provisions:</b><br><br>Are participant loans available from this account? YES <input type="checkbox"/> NO <input type="checkbox"/><br>If yes, how many times per year? _____<br>Minimum loan available: \$ _____<br>Current Loan Interest Rate _____ %<br>If variable, loan interest is based on _____ |
| <b>VIII. Sub-account, Index or Fund Investment Objective:</b><br><br><div style="display: flex; align-items: flex-start;"> <div style="border: 1px solid black; width: 150px; height: 50px; margin-right: 20px; display: flex; align-items: center; justify-content: center;">             Employee's Initials           </div> <div>             The investment options I have selected have been fully explained to me and are suitable to my retirement investment objectives and risk tolerance. Complete information concerning my investment options has been provided to me by the representative or company in the form of a current prospectus.           </div> </div> |  |

The information disclosed above has been presented to my satisfaction by the undersigned representative, in addition to all required product information documents in connection with this account.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Representative

Date: \_\_\_\_\_

Date: \_\_\_\_\_ Copyright © 2007 TSACG, Inc.