

**The School District of Osceola County, Florida**  
**403(b) and 403(b)(7) 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 **The School District of Osceola County**. A signed copy of this disclosure must accompany each original salary reduction agreement when submitted to the **Risk and Benefits Management Department**.

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

**I. Administration Data:**

A. Insurance Company or Mutual Fund: \_\_\_\_\_  
Administrator or Custodian: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
\_\_\_\_\_  
Company Telephone: \_\_\_\_\_

B. Local Agent / Registered Representative: \_\_\_\_\_  
Name of Local Firm: \_\_\_\_\_  
Local Address: \_\_\_\_\_  
\_\_\_\_\_  
Local Telephone: \_\_\_\_\_

**II. Product Type (please check one)**

- ☐ Interest Annuity - Current rate \_\_\_\_\_ % Guaranteed rate \_\_\_\_\_ %  
☐ Equity Index Annuity  
☐ Variable Annuity  
☐ Mutual Fund

**IV. For Equity Index Annuities Only:**

Index Utilized: \_\_\_\_\_  
Current Participation Rate \_\_\_\_\_ %. (Min/Max \_\_\_\_\_ %/ \_\_\_\_\_ %)  
Guaranteed Interest Rate: \_\_\_\_\_ % on \_\_\_\_\_ % of payments.

**III. Fees or Charges associated with the Contract or Fund**

(complete applicable sections only)

Annual Fee: \$ \_\_\_\_\_ or \_\_\_\_\_ % of \_\_\_\_\_

Custodial Fee: \$ \_\_\_\_\_ per \_\_\_\_\_.

Front-end Sales Charge \_\_\_\_\_ % of each contribution.

Registered Investment Advisor Fee \$ \_\_\_\_\_ per \_\_\_\_\_, or other \_\_\_\_\_

Annual Mortality and Expense Charge \_\_\_\_\_ %

Loan Processing Fee \$ \_\_\_\_\_

Fee for Transfers between Funds or Sub-accounts \$ \_\_\_\_\_

Other \_\_\_\_\_ ☐

None for all above

**V. Surrender Charges or Contingent Deferred Sales Charge**  
(if applicable)

Declining – \_\_\_\_\_ % beginning year one and reducing to 0% in year \_\_\_\_\_.

Rolling – \_\_\_\_\_ % from the date of each contribution for \_\_\_\_\_ years.

Other – \_\_\_\_\_

**VI. Loan Provisions:**

Are participant loans available from this account ? YES ☐ NO ☐

If yes, how many times per year? \_\_\_\_\_

Minimum loan available: \$ \_\_\_\_\_

Current Loan Interest Rate \_\_\_\_\_ %

If variable, loan interest is based on \_\_\_\_\_

**VII. Sub-account, Index or Fund Investment Objective:**

\_\_\_\_\_  
Employee's Initials

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.

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. I understand the Board does not recommend any particular provider company, product, or representative and that my participation in the 403(b) retirement savings program is strictly voluntary.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Representative

Date: \_\_\_\_\_, 20\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_