

Shakopee Public Schools | Deferred Compensation Vendor List

Updated: 11/4/24

Company Name	Roth Available?	Representative Name	Representative Phone	Representative Email	Company Previous Name(s)
AMERIPRISE		Gans, Lane	651-256-6044	lane.c.gans@AMPF.com	AMERICAN EXPRESS
		Grabianowski, James	952-641-5275	jim.a.grabianowski@AMPF.com	
		Follmuth, Dan	952-496-2025	dan.p.follmuth@AMPF.com	
		Gerten, Jim	651-552-1172	james.m.gerten@AMPF.com	
		Rohl, Peter	952-239-5529	peter.ruhl@AMPF.com	
ASPIRE		Phillipich, Adam	952-250-4036	adam@cphasefinancial.com	403Basp (ASpire Financial)
		Youngs, Paul	952-445-8838	paul.youngs@edwardjones.com	
		Lynch, Michael	952-426-2506	lynchm@ceteranetworks.com	
EQUITABLE	YES	Guillotel, Steven	612-243-3273	Steven.guillotel@equitable.com	AXA EQUITABLE
		Remus, Paul	612-804-2296	paul.Remus@equitable.com	
		Sufficool, David	701-429-8760	david.sufficool@equitable.com	
FIDUCIARY TRUST CO. (FTC)		Haddorff, Ryan	952-852-1308	ryanhaddorff@wradvisors.com	WADDELL & REED BLUE HERON GROUP
		Kahnert, Brett	763-593-0649 x 126	bkahnert@wradvisors.com	
CABOT LODGE SECURITIES		Jurewicz, Matt	952-496-1019	matt.jurewicz@clsecurities.com	
COREBRIDGE	YES	Simenson, Chris	612-799-9914	christopher.simenson@corebridgefinancial.com	AIG / VALIC VARIABLE ANNUITY LIFE VARIABLE ANNUITY LIFE 457
EFS ADVISORS	YES	Frost, Tyler	952-452-9064	tylerf@efsadvisors.com	MEA-ESI ANNUITY (nationwide)
		Burkhart, Greg	952-250-9635	gregb@efsadvisors.com	
		Egan, Lindsey	612-309-3006	lindseye@efsadvisors.com	
		Wanous, Doug	507-363-9618	dougw@efsadvisors.com	
GREAT WEST		Williams, Katie	952-955-8216	kwilliams@lpl.com	GREAT WEST 403B / LPL FINANCIAL
HORACE MANN		Paskey, Shane	952-556-0084	shane.paskey@horacemann.com	
		Pownall, Travis	952-447-2531	travis.pownall2@horacemann.com	
METROPOLITAN LIFE			800-638-7732		
MN DEFERRED 457	YES	Minnesota State Retirement	651-296-2761		
NEW YORK LIFE		Meger, Jeremy	507-340-1784	jmegeer@ft.newyorklife.com	
THRIVENT FINANCIAL		Knoll, Nathan	952-345-3021	nathan.knoll@thrivent.com	LUTHERAN BROTHERHOOD THRIVENT
		Johnson, Ben	952-215-2899	benjamin.johnson@thrivent.com	
		Satrom, Robert	952-200-8073	robert.satrom@thrivent.com	
		Sodergren, Linnea	763-746-3155	linnea.sodergren@thrivent.com	
VANGUARD		Self-Directed	877-662-7447	Setting up a no-load Vanguard account	
VOYA	YES	Koschmeder, Lauren	612-887-3903	Lauren.koschmeder@voyafa.com	AETNA / ING
		Jakubiak, Brian	612-887-3861	Brian.jakubiak@voyafa.com	

SHAKOPEE SCHOOL DISTRICT #720

Salary Reduction Agreement Tax Sheltered Annuity Plans 403(b) and 457 Plans

Employee Name _____ Employee # _____

The following agreement is made between the employee stated above & Shakopee School District:

****If no action is taken, you will be auto enrolled in the 403(b) plan with EFS Advisors****

*Plan participation and the salary reduction herein authorized will continue from year to year unless terminated by written request

*To qualify for the District matching contribution, the employee must meet the eligibility requirements as outlined in the applicable contract

*The amount deducted from the paycheck will automatically increase with each salary increase

*Employee contribution must equal or exceed the amount of the District matching contributions. An amount equal to the matching contributions must be directed to the same plan as the matching contributions.

*Annuity deductions will be based on your annual salary payments

The appropriate district match will be applied as defined in your collective bargaining agreement, contract, or personnel policy (Teachers' contribution and match will auto increase once they are tenured).**Check the appropriate box/boxes below and fill in the percentage you wish to contribute.**

Enroll	Change	Stop	Company (Former Name)	Employee % or \$
			AMERIPRISE (American Express)	
			ASPIRE (403Basp/ASPIre Financial)	
			EQUITABLE (AXA Equitable)	
			EQUITABLE ROTH (AXA Equitable)	
			FIDUCIARY TRUST CO. (Waddell & Reed)	
			CABOT LODGE SECURITIES (Jurewicz Financial)	
			COREBRIDGE (AIG/Valic/Variable Annuity Life)	
			COREBRIDGE ROTH (AIG/Valic/Variable Annuity)	
			EFSA ADVISORS (MEA-ESI Annuity/Nationwide)	
			EFSA ADVISORS ROTH (MEA-ESI/Nationwide)	
			GREAT WEST (Great West 403b/LPL Financial)	
			HORACE MANN	
			METROPOLITAN LIFE	
			MN DEFERRED 457	
			MN DEFERRED 457 ROTH	
			NEW YORK LIFE	
			THRIVENT FINANCIAL (Lutheran Brotherhood)	
			VANGUARD *	
			VOYA (Aetna/ING)	
			VOYA ROTH (Aetna/ING)	

Please check the box(s) if they apply to you.☐ Are you or will you be turning 50 in the current calendar year☐ Do you plan to retire within the next 3 years

I certify that I have read this complete agreement and that my salary reductions do not exceed contribution limits as determined applicable by law. I understand my responsibilities as an employee under this program and I request that Shakopee School District #720 take the actions specified in this agreement. I understand that all rights under the annuity or custodial account established by me under the program are enforceable solely by my beneficiary, my authorized representative, or me. I understand and agree that it is my obligation to determine the annual limit on the amount that I may contribute to my 403(b) annuity, 403 (b) (7) arrangement, or 457 plan and that such limit must be calculated pursuant to the applicable provisions of the Internal Revenue Code. I also understand and agree that it is solely my responsibility to request information and assistance from the company providing my annual contribution limit calculations, as set forth under the Internal Revenue code in its regulations. I am solely responsible for any adverse tax consequences, including penalties and interest and hereby agree to indemnify Shakopee School District #720 from any adverse tax consequences, including penalties and interest, because of contributions more than Internal Revenue Code Limitations.

Employee Signature _____ Date _____ Employee SSN _____

I certify that I have reviewed with this employee his/her Maximum Contribution allowed under the applicable Internal Revenue Code and its regulations, including this employee's Maximum Exclusionary Allowance under 403 (b) or 457 limits. I agree to comply with the provisions of applicable law governing the 403 (b) or 457 plan offered.

Agent's Signature _____ Company _____ Phone Number _____

(Required for New Enrollments Only) *No signature required, screenshot of active Vanguard account with Shakopee is required