

Town of Sandwich
403(b), 403(b)(7), and 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 the Town of Sandwich. A signed copy of this disclosure must accompany each original salary reduction agreement when submitted to the Payroll 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. Replacement Vendor Information: Is this a replacement of a current provider? YES ☐ NO ☐ Previous Vendor: _____ Transfer of Assets ☐ Non-transfer of Assets ☐ If transferring, are there any surrender penalties or charges? YES ☐ NO ☐ If yes, explain: _____ _____ Employee's Initials	
VIII. 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.

Employee

Date: _____

Representative

Date: _____