



Amendment Request
Request to Amend a Plan Document Previously Prepared by PenServ

Section 1: Type of Plan to be Amended:

403(b) 401(k) 457(b) Other: _____
 Public School

Name of Plan: Union Board of Education 403(b)

Section 2: Description of Amendment

Amendment Category	Description	Effective Date of Amendment
Employer Information	Phone Number: 908 851 6419	01/01/2014
Plan Information/Provisions		
Compensation Exclusion		
Employee Eligibility		
Employee Contributions	Item 14: Roth Contributions shall apply to contributions after 01/01/2014	01/01/2014
Rollover/Transfer Provisions		
Employer Contributions	Item 27: Check block a. Allow for employer contributions per collective bargaining.	01/01/2014
Vesting/Forfeitures		
Plan Payout Options		
Plan Vendor(s)		
Other	Update signature section: Insert middle initial (Manuel E. Vieira), Title should read – School Business Administrator	01/01/2014

Additional Comments or Information: _____

Section 3: Amendment Authorization

Individual Requesting the Amendment:

Name: Manuel E. Vieira
 Relationship to the Plan: Employer; Trustee; Administrator;
 Other: _____
 Email Address (required): mvieira@twpunionschools.org

Signature of Requestor: 

Date: 10-7-14