

**CLARKSVILLE MONTGOMERY COUNTY SCHOOL SYSTEM
403(B) TAX-SHELTERED ANNUITY PLAN
ACKNOWLEDGEMENT AND OPT-OUT FORM**

PARTICIPANT INFORMATION:

Last Name

First Name

Social Security Number

OPT-OUT ELECTION:

- I am currently contributing to the Clarksville Montgomery County School System 403(b) Tax Deferred Savings Program (the "Plan") and I have received notification that unless I stop contributing to the Plan, my future contributions will automatically be directed to a new 403(b) account in my name at MetLife, effective October 1, 2008. By signing below, I hereby elect to stop contributing to the Plan so that no account will be established for me at MetLife. I understand that my 403(b) contributions will cease effective October 1, 2008. I reserve the right to contribute at a later time in accordance with the Plan provisions.

SIGNATURES AND APPROVAL:

I understand that my election to opt out will remain in effect until such time as I affirmatively elect to contribute to the Plan by completing the required paperwork. I understand that it is my responsibility to make sure that my election is properly implemented (by reviewing my payroll statements) and to notify my human resources representative if I think there has been an error. Moreover, I understand that if I fail to notify someone of an error within a reasonable period of time, I will be deemed to accept the manner in which my election has been implemented.

Only sign if you wish to stop contributing to the 403(b)

Signature: _____

Name (Printed): _____

Please return this form directly to:

CMCSS
Employee Benefits
621 Gracey Avenue
Clarksville, TN 37040