

457 Retirement Savings Plan

U.S. OMNI & TSACG Compliance Services, Attn: SRA Processing Team
 P.O. Box 4037, Fort Walton Beach, FL 32549
 Toll Free: 1-888-796-3786, Option 5 • Toll Free Fax: 1-866-908-7582
 Email: sraprocessing@tsacg.com

Questions? Call our Service Center at 1-888-796-3786, Option 5

Salary Reduction Agreement

Use this form to set up or change contributions to your 457 Account. Please type or print your information and fax to 1-866-908-7582

Employee Data – ALL FIELDS REQUIRED	
Employer Name:	
Name:	Social Security #:
Address:	City/State/Zip:
Daytime Phone #:	Date of Birth:
Evening Phone #:	Date of Hire:
Email Address:	# of Salary Reductions:

Contribution Specification

Complete this section to set up or change contributions to your 457 Account. Please note that the contribution amount may not exceed the maximum allowable limits as determined by the Internal Revenue Code. Review your Plan Highlights for the availability of Age 50 Catch-up Contributions. Click to view the [Maximum Amount Contributable \(MAC\)](#) limits for the current tax year.

- Start new payroll deductions (Account must be established under your current employer's plan prior to submitting SRA, fill in Account Number below).
- Increase existing payroll deductions. Decrease existing payroll deductions.
- One-time payroll deduction then stop deductions. One-time payroll deduction then revert to existing deductions.
- Change investment providers. Stop contribution to _____ and start contributions to _____.
- Please stop my contributions to _____.

Make changes effective with payroll date _____.

You are responsible for establishing any annuity contract or custodial account with the Investment Provider(s) indicated below prior to submitting your Salary Reduction Agreement. Please provide your account # to avoid delay in processing your changes.

	Investment Provider(s)	Account #	Pre Tax	After Tax (Roth)	Annual Salary Reduction	Salary Reduction Per Pay Period
1.			<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
2.			<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
3.			<input type="checkbox"/>	<input type="checkbox"/>	\$	\$
4.			<input type="checkbox"/>	<input type="checkbox"/>	\$	\$

Please contact your investment provider to ensure that the provider can accept Roth 457(b) Accounts

Total deduction each pay period \$ _____

After the initial SRA is submitted and approved by U.S. OMNI & TSACG Compliance Services, subsequent changes can be made online at: <https://sra.tsacg.com>.

Approval Signature

- 457 deferral changes will be effective with the payroll in the month following when this Salary Reduction Agreement is submitted.
- This Salary Reduction Agreement is irrevocable with respect to amounts earned while it is in effect and applies only to amounts earned after the agreement becomes effective.
- This Salary Reduction Agreement will continue until amended or terminated. This agreement shall automatically terminate with severance from employment.
- The Employee agrees that the Employer shall have no liability whatsoever for any loss suffered by the Employee with regard to his/her selection of an investment provider, or the solvency of the operation of, or benefits provided by, said investment provider.

I acknowledge that if I have selected an Investment Provider that has not agreed to pay the administrative fee, an administrative charge of \$25.00 per year will be withheld pro-rata from the salary deferral amount indicated above prior to being remitted to my investment provider.

Signature of Employee _____

Date (Please Note: Above date must be within last 90 days to be valid) _____