

 $\hbox{U.S. OMNI \& TSACG Compliance Servies, Attn: SRA\ Processing\ Team}$

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

457 Retirement Savings Plan

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

| | Sai | ary Reduction | n Agreeme | ent | | |
|------------------|---|--|---|--|---|---|
| Use | this form to set up or change contributions | to your 457 Account. Pl | ease type or print | your information | n and fax to 1-8 | 66-908-7582 |
| Em | ployee Data – ALL FIELDS REQUIRED | | | | | |
| En | nployer Name: | | | | | |
| Name: | | | Social Security #: | | | |
| Address: | | | City/State/Zip: | | | |
| Daytime Phone #: | | | Date of Birth: | | | |
| Evening Phone #: | | | Date of Hire: | | | |
| Email Address: | | | # of Salary Reductions: | | | |
| Co | ontribution Specifications | | | | | |
| the r Cato | plete this section to set up or change contri- maximum allowable limits as determined by th-up Contributions. Click to view the Maxim Start new payroll deductions (Account n ill in Account Number below). Increase existing payroll deductions. One-time payroll deduction then stop de Change investment providers. Stop cor Please stop my contributions to | the Internal Revenue Conum Amount Contributa nust be established u Deceductions. | code. Review your sible (MAC) limits nder your currer crease existing p e-time payroll de | Plan Highlights for the current to t | s for the availabinax year. Dolan prior to subons. evert to existir | ility of Age 50 ubmitting SRA, ng deductions. |
| Ma | ke changes effective with payroll You are responsible for establishing any annu- submitting your Salary Reduction Agree Investment Provider(s) | ity contract or custodial | _ account with the In | oid delay in proc | essing your chan | |
| 4 | mivestment rovider(e) | 7 toodant II | | | , | , |
| 1. | | | \$ | % | \$ | % |
| 2. | | | \$ | % | \$ | % |
| 3. | | | \$ | % | \$ | % |
| 4. | | | \$ | % | \$ | % |
| Apr | the initial SRA is submitted and approved by U.S.://sra.tsacg.com. broval Signature 457 deferral changes will be effective with the This Salary Reduction Agreement is irrevoluted after the agreement becomes effect This Salary Reduction Agreement will conseverance from employment. The Employee agrees that the Employer shis/her selection of an investment provider, | he payroll in the month cable with respect to a tive. Itinue until amended or shall have no liability w | ance Services, substitution following when the amounts earned we terminated. This hatsoever for any | is Salary Reduction in the sagreement shapes suffered by | tion Agreement ct and applies of all automatically by the Employee | is submitted. only to amounts y terminate with e with regard to |
| | Signature of Employee | or the solvency of the C | | · | | days to be valid) |

SRA_457_DollarPercent Rev. 01.01.2022