

403(b) Retirement Savings Plan

Salary Reduction Agreement					
Use this form to start, stop, or change contributions to your 403(b) Account. Please type or print your information and submit to your Employer					
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:			
С	Contribution Specifications				
Complete this section to set up or change contributions to your 403(b) 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					
	Investment Provider(s)	Account #	Annual Salary Reduction	Salary Reduction Per Pay Period	
1.	, ,		\$	\$	
2.			\$	\$	
3.			\$	\$	
4.			\$	\$	
Total deduction each pay period \$ Approval Signature Any changes to 403(b) deferrals can occur no earlier than the first pay period following the date the agreement is received.					
•	severance from employment.				
	Signature of Employee		Date (Please Note: Above date m	ust be within last 90 days to be valid)	

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