

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](mailto: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:	Daytime Phone #: (    )	
State/Zip:	Evening Phone #: (    )	
Email Address:	# of Salary Reductions:	
Deferral Start/Stop Date:	Date of Birth:	Date of Hire:

### Contribution Specifications

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.

- I am starting new payroll deductions.
- I am changing existing payroll deductions.
- This is a one-time payroll deduction.
- Please stop my contributions to \_\_\_\_\_  

Current Provider

**You are responsible for establishing any annuity contract or custodial account with the Investment Provider(s) indicated below.**

Investment Provider(s)	Contract / Account #	Salary Reduction	50+ Catch-up
1.		\$	\$
2.		\$	\$
Total Salary Reductions		\$	\$

**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>.  
 457 deferrals can start no earlier than the first day of the month following the date this agreement is received.

### Provide 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 supersedes all prior salary reduction agreements and 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 a provider, or the solvency of the operation of, or benefits provided by, said provider.

\_\_\_\_\_  
 Signature of Employee Date

### U.S. OMNI & TSACG Compliance Services Office Use ONLY:

Authorized by U.S. OMNI & TSACG Compliance Services, Third Party Administrator.

\_\_\_\_\_  
 Date Received Reviewed By Date Approved By Date

\_\_\_\_\_  
 Date Sent to Employer Date Sent to Common Remitter (if applicable)