

403(b) Retirement Savings Plan

1 "G" CAB= TSA7; 7 ca d'JubW'GYfj JWg, 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

ISD #821 – Menahga Public School District Salary Reduction Agreement

Use this form to set up or change contributions to your 403(b) 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 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 Amount Contributable \(MAC\)](#) as adjusted annually by the Internal Revenue Service Review your Plan Highlights for the availability of Roth 403(b) contributions and Age 50 or 15 Years of Service Catch-Up Contributions.

- 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)	Employee Deduction Unmatched Amount 24 Pays	Employee Deduction Matched Amount 20 Pays	Employer Match 20 Pays
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"/>	\$	\$	\$

Total employee deduction each pay period \$ _____

After the initial SRA is submitted and approved by WELT@tsacg.com, subsequent changes can be made online at <https://sra.tsacg.com>.

Approval Signature

- Any changes to 403(b) deferrals can occur no earlier than the first pay period following the date the agreement is received. Deferrals start on September 1st (and/or the 1st payroll of the following month for Salary Reduction Changes).
- 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.

Signature of Employee

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