

# 403(b) Retirement Savings Plan

I "G" CAB= HSA7; Coa d'JubW'GYfj JWGzAttn: 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 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:	Payroll Frequencies: <input type="checkbox"/> 19 – Bi-weekly <input type="checkbox"/> 20 – Bi-weekly <input type="checkbox"/> 24 – Bi-weekly

### 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 contribution limits](#) as adjusted annually by the Internal Revenue Service. Review your Plan Highlights for the availability of 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 \_\_\_\_\_.
- ☐ I choose not to contribute at this time.

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 #	Annual Salary Reduction	Salary Reduction Per Pay Period
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$

**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

- Any changes to 403(b) deferrals can occur no earlier than the first pay period following the date the agreement is received.
- 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)