

403(b) Retirement Savings Plan

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

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:	# 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 Age 50 or 15 Years of Service Catch-up Contributions.

Deduct from my Salary \$_____ per pay period.
 \$_____ Catch up amount (age 50). \$_____ Total amount per pay.

** Gateway processes 24 contributions per year (from the 1st and 2nd pay each month).

Please stop my contributions to _____
 Current Provider

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

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.

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 _____
(mm/dd/yyyy)

By executing this Agreement, I represent that:

1. 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.
2. I enter into this Agreement freely and understand all the limitations of this Agreement and the Plan.
3. Gateway Technical College has no duty to provide investment or tax advice and does not do so. I will seek professional advice on such matters if I deem necessary.
4. Gateway Technical College generally does not inform me of whether any particular Plan investment is appropriate for me. I should obtain any needed investment advice from an investment professional.
5. My deferral level may be adjusted if required by law.
6. 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.

IN WITNESS THEREOF, this agreement has been executed by the parties hereto this _____ day of __, 20____.

 Signature of Employee

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

 Signature of Representative

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