

403(b) Retirement Savings Plan

I "G" CAB- TSAC; 7 ca d'JubW'GYfj jWgZ 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 allowable limits as determined by the Internal Revenue Code. Review your Plan Highlights for the availability of Roth 403(b) contributions and Age 50 or 15 Years of Service 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 _____ 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.

***Please contact your investment provider to ensure that the provider can accept Roth 403(b) accounts.**

	Investment Provider(s)	Account #	Pre Tax	After Tax (Roth)	Annual Salary Reduction	Salary Reduction Per Pay Period
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"/>	\$	\$

****Please note that percentage deductions are not permitted on your plan.****

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.

I understand that the District currently employs a Third Party Administrator to provide administrative services to the District's 403(b) Plan, and that in order to participate in the District's 403(b) Plan, I agree to a yearly after-tax payroll deduction of \$20.00 to pay the per participant fee charged by the Third Party Administrator.

Signature of Employee

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