

# 403(b) Retirement Savings Plan

I "G" CAB / HSA7 ; Coa d ] UbW 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](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:	Number of Payrolls per Year:

### 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 Catch-Up Contributions.

- I am a **Full Time or Regular Part Time** Employee and can select either a flat dollar amount or a percent.
- I am starting a new payroll deduction.
  - I am changing existing payroll deduction.
- I am a **Part Time Employee (less than 50%)** and eligible for the percent method **only**.
- I am starting a new payroll deduction.
  - I am changing existing payroll deduction.
- This is a one time payroll deduction.
- 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 #	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"/>	\$ _____ %	\$ _____ %

**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

- 403(b) deferrals can start no earlier than the first pay period following the date this agreement is signed. It may take up to two pay periods to process the Salary Reduction Agreement.
- 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) \_\_\_\_\_