

403(b) Retirement Savings Plan

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

Salary Reduction Agreement

Questions? Call our Service Center at 1-888-796-3786, Option 5

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:

Contribution Specifications

Complete this section to set up or change contributions to your 403 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 Age 50 Catch-up Contributions. Click to view the [Maximum Amount Contributable \(MAC\)](#) limits for the current tax year.

- | | |
|---|--|
| <input type="checkbox"/> Start new payroll deductions (Account must be established under your current employer's plan prior to submitting SRA, fill in Account Number below). | <input type="checkbox"/> Decrease existing payroll deductions. |
| <input type="checkbox"/> Increase existing payroll deductions. | <input type="checkbox"/> One-time payroll deduction then revert to existing deductions. |
| <input type="checkbox"/> One-time payroll deduction then stop deductions. | <input type="checkbox"/> Change investment providers. Stop contribution to _____ and start contributions to _____. |
| <input type="checkbox"/> Please stop my contributions to _____. | |

Make changes effective with payroll date _____.

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

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 WEBAUT & ASSOCIATES Co. (TSACG), 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.

403(b) deferrals can start no earlier than the first pay period following the date this agreement is signed. Deferrals start on _____.

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 that all the limitations of this Agreement and the Plan.
3. Moraine Park 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. Moraine Park 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) _____