

403(b) Retirement Savings Plan

Questions? Call our Service Center at 1-866-873-4240

		Salary Red	ductio	n Agre	ement			
Use this for	m to set up or change o	ontributions to your 403(b				information	and fax to (86	33) 688-4466.
Employee	Data – ALL FIELDS RE	EQUIRED						
Employe	r Name:							
Name:					Social Security #:			
Address:					Email Address:			
Daytime Phone #: ()					Date of Birth:			
Evening Phone #: ()					Date of Hire:			
Contribu	tion Specifications							
exceed the	maximum allowable lim	change contributions to you its as determined by the I 50 or 15 Years of Service	nternal Re	venue Cod	le. Review your			
Tax Year	Basic Salary Deferral Limit for all employees. Annual limit if you qualify for the full amount of the Lifetime Catch-up (15 Years of Service). Total Lifetime Catch-up Max of \$15,000.				Annual limit If y qualify for the A 50+ Catch-Up.	Age you	Maximum Annual contribution if you qualify for both the Age 50+ and Lifetime Catch-ups.	
2011	\$16,500	00 \$22,000)	\$25,000			
☐ Increas	se existing payroll dec ne payroll deduction t	hen stop deductions.	☐ Ded	crease exi e-time pay	sting payroll d	leductions then reve	rt to existing	deductions.
☐ Change investment providers. Stop contribution to and start contributions to								
	e responsible for establis	ith payroll date hing any annuity contract o eduction Agreement. Please	r custodial					
Investment Provider(s)		Account #	Pre Tax	After Tax (Roth)	Annual Salary	/ Reduction	on Salary Reduction Per Pay Period	
1.					\$	%	\$	%
2.					\$	%	\$	%
3.					\$	%	\$	%
4.					\$	%	\$	%
	To	otal deduction e	each pa	ay peri	od \$			

Approval Signature

- 403(b) deferrals can start no earlier than the first pay period following the date this agreement is signed.
- 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 acknowledge that if I have selected a provider that has not agreed to pay the administrative charge, a monthly administrative charge of \$22.50 per year will be withheld pro-rata from the salary deferral amount indicated above prior to being remitted to my provider.

Signature of Employee Date (mm/dd/yyyy)