

403(b) Retirement Savings Plan

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

	Sala	ry Reduction	Agreement		
Use this form to set up or change contri	butions to	your 403(b) Account. Pl	ease type or print your i	nformation and fax to (863) 688-4466.	
Employee Data – ALL FIELDS REQU	IRED				
Employer Name:			Social Securi	Social Security #:	
Name:			Email Addres	Email Address:	
Address:		Date of Birth:	Date of Birth:		
Daytime Phone #:			Date of Hire:	Date of Hire:	
Evening Phone #:			# of Payrolls	21 per year 26 per year	
Contribution Specifications					
Complete this section to set up or chan exceed the maximum allowable limits a Age 50 Catch-up Contributions.					
	Tax Year	Basic Salary Deferral Limit for all employees.	Annual limit If you qualify for the Age 50+ Catch-Up.		
	2012	\$17,000	\$22,500		
☐ Change investment providers. S ☐ Please stop my contributions to Make changes effective with p You are responsible for establishing submitting your Salary Reduce.	payroll d	ate contract or custodial acc	count with the Investment	Provider(s) indicated below prior to	
Investment Provider(s)		Account #	Annual Salary Reducti	ion Salary Reduction Per Pay Period	
1.			\$	\$	
2.			\$	\$	
3.			\$	\$	
4.			\$	\$	
	l dedu	ction each pay	period \$		
Approval Signature					
 earned after the agreement becom This Salary Reduction Agreement severance from employment. The Employee agrees that the Employee agreement become agre	is irrevoca es effective will contin	able with respect to amore. ue until amended or te	ounts earned while it is rminated. This agreem soever for any loss suf	t is signed. in effect and applies only to amounts nent shall automatically terminate with fered by the Employee with regard to ovided by, said investment provider.	
Signature of Employee Date (mm/dd/yyyy)					

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