

403(b) Retirement Savings Plan

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

	Sala	ry Reduction	Agreem	nent		
Use this form to set up or change contr	ibutions to	your 403(b) Account. Pl	ease type or p	orint your informa	tion and fax to	(863) 688-4466.
Employee Data – ALL FIELDS REQU	IRED					
Employer Name:						
Name:				Social Security #:		
Address:				Email Address:		
Daytime Phone #:				Date of Birth:		
Evening Phone #:				Date of Hire:		
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 qualify for th 50+ Catch-U	e Age		
	2012	\$17,000	\$22,5	00		
 ☐ One-time payroll deduction then ☐ Change investment providers. S ☐ Please stop my contributions to Make changes effective with You are responsible for establishing submitting your Salary Reduce 	Stop contr ————————————————————————————————————	ate	and and	start contributio	er(s) indicated be	elow prior to
Investment Provider(s)		Account #	Annual Sal	ary Reduction	Salary Reduction Per Pay Period	
1.			\$	%	\$	%
2.			\$	%	\$	%
3.			\$	%	\$	%
4.			\$	%	\$	%
Tota	l dedu	ction each pay				
 Approval Signature 403(b) deferrals can start no earlie This Salary Reduction Agreement earned after the agreement become This Salary Reduction Agreement severance from employment. The Employee agrees that the Enhis/her selection of an investment personance. 	is irrevoca les effective will contin	able with respect to amo e. ue until amended or te	ounts earned rminated. The soever for ar	while it is in effer is agreement shows y loss suffered I	ct and applies of all automatically by the Employee	y terminate with
Signature of Employee		Date (mm/dd/yyyyy)				