



**Before you sign: Read the important information on the reverse side of this form.**

Each Employee contributing over \$22,500 utilizing the "catch-up provision" allowed by the Internal Revenue Code, should check yes in the I am age 50 or older in the Part I section.

**Employee must sign on reverse side in order to process salary reduction.**

Part I: Employee Information	Last Name		First Name		Middle	Last 4 digits of SSN
	Street Address			City		Zip Code
	Effective: <input type="checkbox"/> ASAP    Later Date: _____			Date of Birth		I am age 50 or Older this year: <input type="checkbox"/> Yes <input type="checkbox"/> No

Part II: Begin/Change/Resume	<p><b>403(b) Contributions:</b> Company Name: _____</p> <p><input type="checkbox"/> Initiate a new tax-deferred salary reduction (pre-tax) in the (dollar) amount of \$_____ <b>OR</b> _____% (percentage) per pay. (Only select 1 option)</p> <p><input type="checkbox"/> Change Salary Reduction from _____ to _____</p> <p><input type="checkbox"/> Change Provider from _____ to _____</p> <p><input type="checkbox"/> Discontinue salary reduction/deduction</p>
	<p><b>457 Contributions:</b> Company Name: _____</p> <p><input type="checkbox"/> Initiate a new tax-deferred salary reduction (pre-tax) in the (dollar) amount of \$_____ <b>OR</b> _____% (percentage) per pay. (Only select 1 option)</p> <p><input type="checkbox"/> Change Salary Reduction from _____ to _____</p> <p><input type="checkbox"/> Change Provider from _____ to _____</p> <p><input type="checkbox"/> Discontinue salary reduction/deduction</p>
	<p><b>ROTH 403(b):</b> Company Name: _____</p> <p><input type="checkbox"/> Initiate a new tax-deferred salary reduction (after-tax) in the (dollar) amount of \$_____ <b>OR</b> _____% (percentage) per pay. (Only select 1 option)</p> <p><input type="checkbox"/> Change Salary Reduction from _____ to _____</p> <p><input type="checkbox"/> Change Provider from _____ to _____</p> <p><input type="checkbox"/> Discontinue salary reduction/deduction</p>



**SALARY REDUCTION AGREEMENT  
403b / 457 / ROTH 403b (continued)**

The above-named Employee agrees to modify his/her salary as indicated above. Employer agrees to contribute this amount on Employee's behalf into the annuity or custodial accounts selected by Employee. It is intended that the requirements of all applicable state or federal income tax rules and regulations (Applicable Law) will be met. The Employee understands and agrees to the following:

1. This Salary Reduction Agreement is legally binding with respects to amounts paid or available while this agreement is in effect;
2. This Salary Reduction Agreement may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new Salary Reduction Agreement is submitted; and;
3. This Salary Reduction Agreement may be changed with respect to amounts not yet paid or available in accordance with the Employer's administrative procedures.

Employee is responsible for determining that the salary reduction amount does not exceed the limits as set forth in Applicable Law. Furthermore, Employee agrees to indemnify and hold Employer harmless against any and all actions, claims and demands whatsoever that may arise from the purchase of the annuities or custodial accounts for Employees in amounts in excess of contribution limits as defined under Applicable Law except where an annual contribution limit calculation was calculated by Service Provider based on accurate information provided by Employee. Employee acknowledges that the Employer has made no representation to Employee regarding the advisability, appropriateness or tax consequences of the purchase of the annuity and/or custodial account described herein.

**Programs Part III. Agreement**

Employee agrees Employer shall have no liability whatsoever for any and all losses suffered by Employee with regard to his/her selection of the annuity and/or custodial account; its terms; the selection of the insurance company or regulated investment company; or his/her selection and purchase of shares of regulated investment companies. Nothing herein shall affect the terms of employment between Employer and Employee. This agreement supersedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

**Important Information**

1. Employer does not choose the annuity contract or custodial account in which contributions are invested.
2. Employees are responsible for setting up and signing legal documents to establish an annuity contract or custodial account.
3. In order to receive the expected tax results, Employees are responsible for investing in annuity contracts or custodial accounts that meet the requirements of Section 403(b) of the Internal Revenue Code.
4. Employees are responsible for naming a death beneficiary under annuity contracts or custodial accounts. This is normally done at the time the contract or account is established. Employees should periodically review beneficiary designations on file with Service Providers.
5. Employees are responsible for all distributions and any other transactions with Service Provider. All rights under contracts or accounts are enforceable solely by Employee, Employee beneficiary or Employee's authorized representative. Employee must deal directly with Service Provider to make loans, transfer to different authorized vendor's contracts or custodial accounts, begin distributions, or any other transactions.
6. Employees are responsible for determining that salary reductions do not exceed the allowable contribution limits under Applicable Law. You are strongly encouraged to have an annual contribution limit calculation performed by the chosen Service Provider.
7. You may obtain detailed information about 403(b) contribution limits from IRS' publication 571, "Tax-Sheltered Annuity Programs for Employees of Public Schools and Certain Tax-Exempt Organizations", from your Service Provider, or from your tax advisor.

**Part IV. Employee Signature**

I certify that I have read this complete agreement and that my salary reductions do not exceed contribution limits as determined by Applicable Law. I understand my responsibilities as an Employee under this Program, and I request that Employer take the action specified in this agreement. I understand that all rights under the annuity or custodial account established by me under the Program are enforceable solely by me, my beneficiary or my authorized representative.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part V. For Sales Agent/Representative Completion**

**Acknowledgment and Representation of Sales Agent/Representative**

I agree to comply with all pertinent written directives regarding solicitation of Employees. I will provide an annual contribution limit calculation for each Employee who initiates or changes contributions. An annual contribution limit calculation will be provided annually for Employees contributing over \$22,500 or utilizing "catch-up provisions" or the "special elections". Furthermore, I agree to indemnify and hold harmless the Employer, or any individual member of the governing board and the Employee participating in the 403(b) Program against any claims based on an error in the annual contribution limits (maximum exclusion allowance, annual additions limit, and limit on elective deferral) I calculated, or any other calculation or representation I made, to the extent relied upon by the Employer or Employee, except where the error is based upon erroneous information provided by the Employer or Employee.

Sales Agent/Representative Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part VI. Employer Signature**

Employer hereby agrees to this Salary Reduction Agreement.

Employer Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_