403(b) PlanSolutions®

Salary Reduction Agreement

Questions? Call our Service Center at 1-800-953-6260.

Instructions

Use this form to set up or change contributions to your account from your paycheck. Please check with your employer to verify that this agreement meets your employer's requirements. Please type or print.

1. Provide General Account Information

Contract/Account Number_____ Plan Name or Number _____

Employer Name _____

Name of Owner/Participant _____ _____ _____
First MI Last

Mailing Address _____ _____ _____ _____
Street Address City State ZIP Code

E-mail Address _____

Social Security Number/Tax I.D. Number _____ Date of Birth _____
(mm/dd/yyyy)

Date of Hire _____ Annual Salary_____

Daytime Phone Number _____ Home Phone Number _____

2. Set Up Salary Reduction – 403(b)

Complete this section to set up or change contributions to your 403(b) Account. Please note that the maximum amount of salary that can be reduced may not exceed the limits of the Internal Revenue Code. Verify with your Employer availability of Roth 403(b) contributions. If your plan permits catch-up contributions a copy of the calculation must be provided with this Salary Reduction Agreement.

❑ Deduct from my salary (select all that apply):

- ❑ Pre-Tax Qualified Contribution $_____ or % _____ per pay period.
- ❑ After-Tax Roth Contribution $_____ or % _____ per pay period.

❑ Catch-up Amount

- ❑ Pre-Tax Qualified Contribution – 15-Years Service $_____
- ❑ After-Tax Roth Contribution – 15-Years Service $_____
- ❑ Pre-Tax Qualified Contribution – Age 50 $_____
- ❑ After-Tax Roth Contribution – Age 50 $_____

Total $_____ or % _____ per pay period.

Frequency of payrolls: ❍ Weekly ❍ Bi-Weekly ❍ Semi-Monthly ❍ Monthly

❑ Please stop my contributions to _____
Current Provider

❑ I choose not to contribute at this time.

Please Continue ➲

3. Investment Provider

Complete this section with the amount per Investment Provider and account type. **You are responsible for establishing any annuity contract or custodial account with the Investment Provider(s) as indicated below. You cannot use this form to establish an account with an investment provider. Contact your financial representative for more information.**

		403(b) Pre-Tax		403(b) After-Tax Roth	
Investment Provider	Product Name	Salary Reduction	Catch-up	Salary Reduction	Catch-up
1.					
2.					
3.					
4.					

4. Provide Signatures

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 pay period this agreement is signed.

Deferrals start on _____
(mm/dd/yyyy)

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.

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_____.

X_____ _____
Signature of Employee Date (mm/dd/yyyy)

X_____ _____ _____
Signature of Representative (optional) Date (mm/dd/yyyy) Print Name of Representative

_____
Representative E-mail Address

For employer use only:

The Employer agrees to reduce the Employee's compensation by the amount listed, and to pay this amount to:

Bay Bridge Administrators, LLC
FBO: Security Financial Resources, Inc.
Employee Benefit Clients
P.O. Box 162110
Austin, TX 78716