## 403(b) and/or 457(b) Salary Reduction Agreement



1 Personal Informat	ion									19		
articipant Name Employer Name												
Participant Mailing Address, City, State,	Zip Code									Phone Number		
Date of Birth	-	Date of	Hire	Participant Email Address						Social Security Number (required)		
2 Salary Reduction												
The Salary Reduction Agreen and contributed to the 403(b amount(s) and investment p <b>new and existing deducti</b> will be the only deductions p	o) and/o rovider( <b>ons on</b>	or 457( (s). <b>Tl</b> ı <b>this \$</b>	b) plan nis SRA SRA for	on your b will cand morthe	ehalf. T cel and y will b	o change replace e cancel	, begin, any pr	or cance eviously	el contribution submitted s	s, enter your o	desired ust list all	
Investment Provider Name*	Monthly Dollar or Percentage Amount			Type of Deferrals					Requested Action Effective			
				Pre-Tax	Roth	Roth Pre-Tax		Other			Date**	
	\$	or	· 	403(b)	403(b)	457(b)	457(b)		□ New □ Change	☐ Existing ☐ Cancel		
	\$	or	%_						□ New □ Change	☐ Existing ☐ Cancel		
	\$	or	%_						□ New □ Change	☐ Existing ☐ Cancel		
does not pay the administrate to the approved vendor **Please make the SRA due **Please make the SRA due **  3 Financial Advisor/A	list at date for	www.r r your	ibsbene district t	fits.com/4 he effecti	03b for a	a current	listing o	of provide	ers that have a	agreed to pay	the fee.	
Financial Advisor/Agent Name										Financial Advisor/Agent Phone Number		
Financial Advisor/Agent Email Address									Financia	al Advisor/Agent Fa	x Number	
4 Employee Approva I understand and agree to the fo 1. This Salary Reduction Agreem 2. This Agreement supersedes ar 3. The Agreement is legally bindi 4. The Agreement may be termin 5. Nothing herein shall affect the 6. This Agreement shall automati 7. If the Salary Reduction Agreer SRA due date.  I authorize the automatic cancell Benefit Services, LLC (my employer 402(a) (2) if I take a hardship	Illowing: ent (Agr nd replace ng and it nated or terms of ically terment is re- lation of yer's thir	eement ces all prevoca modified f my er minate received this Sal	rior Salar ble with and at any apployment if my em less that ary Redu	ry Reduction respect to a time for an and with the ployment is not busines action Agreement of the control of t	on Agreem amounts no mounts no Employer s termina ss days pr ement in the eve additi	nents.  paid or averty yet paid  t.  ted.  ior to the  the event  onal contr	ailable wi or availa SRA due of any of ibutions	hile this agable.  date, it is the followwill cause	greement is in e not guaranteed ving: (1) if eithe me to exceed li	iffect.  I to be processer my employer mits under Cod	or National	
or 402(g), (2) if I take a hardshil I have read and understand the i confidential information to third p	informat	ion con	tained or	page 1 of	this Agre	ement. I	understa	nd that by	making this ap	oplication the re	lease of my	
Employee Signature									1	Date		