

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



1 Personal Information

Employee Name		Company Name	
Mailing Address City, State, Zip Code		Phone Number	
Date of Birth	Date of Hire	Email Address	Social Security Number

2 Salary Reduction

The Salary Reduction Agreement (SRA) is to be used to establish, change or cancel salary reduction withheld from your paycheck and contributed to the 403(b) and/or 457(b) plan on your behalf. To change, begin, or cancel contributions, enter your desired amount(s) and investment provider(s). **This SRA will cancel and replace any previously submitted SRA. You must list all new and existing deductions on this SRA form or they will be cancelled.** The salary reductions identified in the space below will be the only deductions performed starting on the Effective Date.

Investment Provider Name*	Monthly Dollar or Percentage Amount	Type of Deferrals					Requested Action	Effective Date
		Pre-Tax 403(b)	Roth 403(b)	Pre-Tax 457(b)	Roth 457(b)	Other		
	\$ or %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Change <input type="checkbox"/> Cancel	
	\$ or %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Change <input type="checkbox"/> Cancel	
	\$ or %	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Change <input type="checkbox"/> Cancel	

Total Monthly Contributions _____

3 Financial Advisor/Agent Information

Financial Advisor/Agent Name	Financial Advisor/Agent Phone Number
Financial Advisor/Agent Email Address	Financial Advisor/Agent Fax Number

4 Employee Approval

I understand and agree to the following:

1. This Salary Reduction Agreement (Agreement) is an agreement between me and my employer which I have entered into voluntarily.
2. This Agreement supersedes and replaces all prior Salary Reduction Agreements.
3. The Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect.
4. The Agreement may be terminated or modified at any time for amounts not yet paid or available.
5. Nothing herein shall affect the terms of employment between the Employer and myself.
6. This Agreement shall automatically terminate if my employment is terminated.

I authorize the automatic cancellation of this Salary Reduction Agreement in the event of any of the following: (1) if either my employer or National Benefit Services, LLC (my employer's third-party administrator) believe additional contributions will cause me to exceed limits under Code Section 415 or 402(g), (2) if I take a hardship distribution, if available, or (3) I take an unforeseeable emergency distribution, if available.

I have read and understand the information contained on page 1 of this Agreement. I understand that by making this application the release of my confidential information to third parties may occur as necessary to administer the Plan in accordance with the Internal Revenue Code.

Employee Signature	Date
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