

Questions? Call our Service Center at 1-866-425-7991.

**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 Number \_\_\_\_\_

Employer Name \_\_\_\_\_

Name of Owner/Participant \_\_\_\_\_  
First MI Last

Mailing Address \_\_\_\_\_  
Street Address City State ZIP Code

Social Security Number/Tax I.D. Number \_\_\_\_\_

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 you are making 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.
- 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

Investment Provider	Product Name	403(b) Pre-Tax		403(b) After-Tax Roth	
		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

#### For employer use only:

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

Employee Benefit Clients  
Colonial Bank C/F  
Security Financial Resources  
P.O. Box 628217  
Orlando, FL 32862-8217