

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 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.

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.					

