

Salary Reduction Agreement



Instructions	<p>The Salary Reduction Agreement (SRA) is to be used to establish, change, or cancel salary reductions withheld from your paycheck and contributed to the 403(b) or 457(b) plan on your behalf. The SRA is also used to change the investment providers that receive your contributions. Upon completion, fax, email or mail a copy of the form to National Benefit Services, LLC. Please note that this form is not valid unless all applicable sections are completed and you have signed the form.</p> <p style="text-align: center;"> NBS Mailing Address: National Benefit Services, LLC NBS Fax Number: (800) 597-8206 8523 S. Redwood Road NBS Phone Number: (800) 274-0503 ext. 5 West Jordan, UT 84088 NBS Email: 403bService@nbsbenefits.com </p>																						
Employee Information	Employee Name		Social Security Number																				
	Employer Name		Home Phone Number																				
	Employee Mailing Address <small>(Street)</small>		E-mail Address																				
	<small>(City, ST ZIP)</small>		Date of Birth Number of Pay Periods Per Year																				
Type of Plan	Select plan type(s): <input type="checkbox"/> PRE-TAX 403(b) <input type="checkbox"/> 457(b) <input type="checkbox"/> POST-TAX Roth 403(b)																						
Amount and Provider	<p>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. Please see page 2 for examples. Please note that you must establish your account(s) with your desired investment provider(s) prior to submitting this form. Contact your investment provider(s) directly to establish your account(s). Salary reduction will not be performed if you have not established your account(s).</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">Investment Provider Name</th> <th style="width:15%;">Monthly Dollar Amount</th> <th style="width:30%;">Check the boxes that may Apply</th> <th style="width:20%;">Effective Date: _____</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>\$ _____</td> <td><input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Terminate <input type="checkbox"/> Change</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td><input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Terminate <input type="checkbox"/> Change</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td><input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Terminate <input type="checkbox"/> Change</td> <td>_____</td> </tr> <tr> <td>TOTAL MONTHLY CONTRIBUTIONS</td> <td>\$ _____</td> <td></td> <td></td> </tr> </tbody> </table> <p>Have you already established an account with this new Investment Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			Investment Provider Name	Monthly Dollar Amount	Check the boxes that may Apply	Effective Date: _____	_____	\$ _____	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Terminate <input type="checkbox"/> Change	_____	_____	\$ _____	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Terminate <input type="checkbox"/> Change	_____	_____	\$ _____	<input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Terminate <input type="checkbox"/> Change	_____	TOTAL MONTHLY CONTRIBUTIONS	\$ _____		
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TOTAL MONTHLY CONTRIBUTIONS	\$ _____																						
Agent Information	Agent Name		Agent Phone Number																				
	Agent Address <small>(Street)</small>		Agent Email Address																				
	<small>(City, ST ZIP)</small>		Agent Fax Number																				
Employee Approval	<p>I understand and agree to the following:</p> <ol style="list-style-type: none"> 1 This Salary Reduction Agreement (Agreement) is an agreement between me and my employer which I have entered into voluntarily. 2 The Agreement supersedes 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 at any time for amounts not yet paid or available, and that a termination request is permanent unless notified otherwise. 5 The Agreement may be changed with respect to amounts not yet paid or available. 6 Nothing herein shall affect the terms of employment between the Employer and myself. This agreement cancels and replaces all prior Salary Reduction Agreements and shall automatically terminate if my employment is terminated. <p>I understand that I may not contribute an amount which will exceed the annual additions limitation under Code Section 415, Code Section 457 or permit excess elective deferrals under Code Section 402(g). If, based on information held by my employer or the Plan's third party administrator (National Benefit Services, LLC), either my employer or National Benefit Services, LLC believes additional contributions will cause me to exceed limits under Code Section 415, Code Section 457 or 402(g), I authorize the automatic cancellation of this Salary Reduction Agreement.</p> <p>I have read and understood the information contained on page 2 of this Agreement.</p> <p>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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Employee Signature</td> <td style="width:40%;">Date</td> </tr> <tr> <td>X</td> <td></td> </tr> </table>			Employee Signature	Date	X																	
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