

TSA Consulting Group, Inc., Attn: SRA Processing Team

P.O. Box 4037, Fort Walton Beach, FL 32549

severance from employment.

Signature of Employee

 SRA_Roth_Dollar

Toll Free: 1-888-796-3786, Option 5 • Toll Free Fax: 1-866-908-7582

Email: sraprocessing@tsacg.com

403(b) Retirement Savings Plan

Questions? Call our Service Center at 1-888-796-3786, Option 5

Date (Please Note: Above date must be within last 90 days to be valid)

Rev. 01.01.2019

Salary Reduction Agreement							
Use this form to set up or change contributions to your 403(b) Account. Please type or print your information and fax to 1-866-908-7582							
Employee Dat	a – ALL FIELDS REC	UIRED					
Employer Na	ime:						
Name:				Social Security #:			
Address:				City/State/Zip:			
Daytime Phone #:				Date of Birth:			
Evening Phone #:				Date of Hire:			
Email Address:				# of Salary Reductions:			
Contribution	Specifications						
Roth 403(b) contributions and Age 50 or 15 Years of Service Catch-Up Contributions. Click to view the Maximum Amount Contributable (MAC) limits for the current tax year. Start new payroll deductions (Account must be established under your current employer's plan prior to submitting SRA, fill in Account Number below). Increase existing payroll deductions. Decrease existing payroll deductions. One-time payroll deduction then stop deductions. One-time payroll deduction then revert to existing deductions. Change investment providers. Stop contribution to and start contributions to Please stop my contributions to Make changes effective with payroll date You are responsible for establishing any annuity contract or custodial account with the Investment Provider(s) indicated below prior to submitting your Salary Reduction Agreement. Please provide your account # to avoid delay in processing your changes.							
*Please contact your investment provider to ensure that the provider can accept Roth 403(b) accounts.							
	stment Provider(s)	T T	Pre Tax	After Tax (Roth)	Annual Salary Reduction	Salary Reduction Per Pay Period	
1.					\$	\$	
2.					\$	\$	
3.					\$	\$	
4.					\$	\$	
After the initial SF Approval Sign	Tot RA is submitted and appr nature	ment provider to ensure the cal deduction each proved by TSA Consulting Group, Inc.,	at the paragraph of the	rovider ca	n accept Roth 40	ttps://sra.tsacg.com.	
	` '	can occur no earlier than the first int is irrevocable with respect to		_	•		
earned afte	er the agreement beco	omes effective.					

This Salary Reduction Agreement will continue until amended or terminated. This agreement shall automatically terminate with

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 an investment provider, or the solvency of the operation of, or benefits provided by, said investment provider.