

Instructions

1. Provide General Account Information

Daytime Phone Number _____ Home Phone Number _____

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 _____

Representative E-mail Address _____

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

To establish salary deferral send this form to:

Employee Benefit Clients
Security Financial Resources
6231 PGA Boulevard, Suite 104 #214
Palm Beach Gardens, FL 33418