## 403(b) PlanSolutions®

Instructions

## **Salary Reduction Agreement**

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

Use this form to set up or change contributions to your accepto verify that this agreement meets your employer's require			se check with yo	our employer				
1. Provide General Account Information								
Contract/Account Number Plan	n Name or Nur	nber						
Employer Name		· · · · · · · · · · · · · · · · · · ·						
Name of Owner/Participant First	MI	Last						
Mailing Address Street Address	City		State	ZIP Code				
E-mail Address								
Social Security Number/Tax I.D. Number		Date of Birth	(mm/dd/yyyy)					
Date of Hire	Annual Salary							
Daytime Phone Number	_ Home Phone	e Number						
2. Set Up Salary Reduction – 403(b)								
Complete this section to set up or change contributions to yof salary that can be reduced may not exceed the limits of availability of Roth 403(b) contributions. If you are making oprovided with this Salary Reduction Agreement.	the Internal Re	venue Code. Ve	erify with your En	nployer				
☐ 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.					
Frequency of payrolls: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly								
☐ Please stop my contributions to								
☐ I choose not to contribute at this time.								

Please Continue 3

Complete this section with the amount per Investmen any annuity contract or custodial account with the Inve				nsible for es	stablishin
	Product Name	403(b) Pre-Tax		403(b) After-Tax Roth	
Investment Provider		Salary Reduction	Catch-up	Salary Reduction	Catch-up
1.					
2.					
3.					
4.					
4. Provide Signatures					
Deferrals start on	erminate with severa o liability whatsoever	nce from emp	oloyment. suffered b	y the Empl	oyee witl
regard to his/her selection of a provider, or the solven IN WITNESS THEREOF, this agreement has been ex			provided	by, salu pro	videi.
this day of, 20	ecuted by the parties	S Hereto			
X					
Signature of Employee Date (mm/dd/y	уууу)				
XSignature of Representative (optional)	Print Name of F	Representative			
Representative E-mail Address					
For employer use only:					
The Employer agrees to reduce the Employee's	To establish salar	y deferral sen	d this forr	n to:	
compensation by the amount listed, and to pay this amount to:		Benefit Clier			

**Employee Benefit Clients** 

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