457(b) Salary Reduction Agreement

Participant Instructions

The Salary Reduction Agreement (SRA) is to be utilized to establish, change, or cancel salary reductions withheld from your paycheck and contributed to the 457(b) plan on your behalf. The SRA is also used to change the investment providers that receive your contributions. Upon completion, fax 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.

Upon completion, fax (1-800-597-8206), securely email (403bsupport@nbsbenefits.com), or mail a copy of the form to National Benefit Services, LLC.

Please allow 5 business days for processing. Salary Reduction Agreements received less than 5 business days prior to the SRA due date are not guaranteed to be processed for that SRA due date.

Important Information

The Employee agrees to indemnify and hold the Employer and National Benefit Services, LLC (NBS) harmless against any and all actions, claims and demands whatsoever that may arise from the purchase of annuities or custodial accounts in this 457(b) Plan. The Employee acknowledges that neither the Employer nor NBS have made representation to the Employee regarding the advisability, appropriateness or tax consequences of the purchase of the annuity and/or custodial accounts. The Employee agrees that neither the Employer nor NBS shall have any liability whatsoever for any and all losses suffered by the Employee with regard to his/her selection of the annuity and/or custodial account; its terms; the selection of the insurance company or regulated investment company; the solvency of, operation of, or benefits provided by said insurance company or regulated investment company; or his/her selection and purchase of shares of regulated investment companies.

The Employer reserves the right to alter terms of this Agreement as required to facilitate program compliance with State and Federal law.

The Employer does not choose the annuity contract or custodial account in which the Employee's contributions are invested.

The Employee is responsible for setting up and signing the legal documents to establish the annuity contract or custodial account.

In order for the Employee to receive the expected tax results, the annuity contract or custodial account established must meet the requirements of Section 457(b) of the Internal Revenue Code. It is solely the Employee's responsibility to establish the proper type of contract or account for this purpose.

The Employee is responsible for naming a death beneficiary under the annuity contract or custodial account. This is normally done at the time the contract or account is established, although the designation should be reviewed from time to time.

The Employee is responsible for investment decisions, distributions and any other transactions with the insurance company or investment company and shall have total responsibility for all distributions and any resulting taxation consequences. All rights under the contract or account are enforceable solely by the Employee, the Employee's beneficiary, or the Employee's authorized representative.

The insurance or investment company or may be required to receive approval from the Employer or National Benefit Services, LLC prior to executing certain transactions including loans, hardships, distributions, or transfers (as permitted by the Plan).

The Employee understands that information contained in this Agreement and other non-public information may be shared with the Employer's designated third-party administrator in conjunction with the operation of the 457(b) Plan.

Retain a copy of this form for your records.

PO Box 6980, West Jordan, UT 84084 • (800) 274-0503 ext 5 • Fax (800) 597-8206 • www.NBSbenefits.com

457(b) Salary Reduction Agreement

1 Personal Information

Participant Name | Company Name

Mailing Address City, State, Zip Code | Phone Number

Date of Birth | Date of Hire | Email Address | Social Security Number

2 Salary Reduction

The Salary Reduction Agreement (SRA) is utilized to establish, change or cancel salary reduction withheld from your paycheck and contributed to the 457(b) plan on your behalf. Please check the appropriate boxes listed below and list the beginning of the month in which you intend your contributions to begin under the Effective Date. To change, begin, or cancel contributions, enter your desired amount(s) and investment provider(s). **This SRA will cancel and replace any previously submitted 457(b) SRA. You must list all new and existing 457(b) deductions on this SRA or they will be cancelled.** The salary reductions identified in the space below will be the only deductions performed starting on the Effective Date.

Investment Provider Name*	Monthly Dollar or Percentage Amount	Type of Deferrals			Requested Action		Effective Date**
		457(b)	Roth 457(b)	Other			
	$ or %	☐	☐	☐	☐New ☐Change	☐Existing ☐Cancel	1, 2022
	$ or %	☐	☐	☐	☐New ☐Change	☐Existing ☐Cancel	1, 2022
	$ or %	☐	☐	☐	☐New ☐Change	☐Existing ☐Cancel	1, 2022

Total Monthly Contributions _____

*Please Note: Certain investment providers may not pay the administration fee. **If you select an investment provider that does not pay the administration fee, the fee will be deducted and paid from your salary reduction amount.** Please refer to the approved vendor list at www.nbsbenefits.com/403b for a current listing of providers that have agreed to cover the fee.

**Please submit the SRA to NBS 5 business days prior to the SRA due date to ensure your contributions begin as you intended.

3 Agent Information

Agent Name | Agent Phone Number

Agent Email Address | Agent Fax Number

4 Employee Approval

I understand and agree to the following:
1. This Salary Reduction Agreement (Agreement) is an agreement between my employer and me which I have entered into voluntarily.
2. This Agreement supersedes and replaces 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 or modified at any time for amounts not yet paid or available.
5. Nothing herein shall affect the terms of my employment with the employer.
6. This Agreement shall automatically terminate if my employment is terminated.
7. If the Salary Reduction Agreement is received less than 5 business days prior to the SRA due date, it is not guaranteed to be processed for that SRA due date.

I authorize the automatic cancellation of this Salary Reduction Agreement in the event of any of the following: (1) if either my employer or National Benefit Services, LLC (my employer's third-party administrator) believe additional contributions will cause me to exceed limits under Code Section 415 or 402(g), (2) if I take a hardship distribution, if available, or (3) if I take an unforeseeable emergency distribution, if available.

I have read and understand the information contained on page 1 of this Agreement. 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.

Employee Signature | Date

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