

403(b) Retirement Savings Plan

Questions? Call our Service Center at 1-866-873-4240

Salary Reduction Agreement

Use this form to set up or change contributions to your 403(b) Account. Please type or print your information and return via fax to (863) 688-4466.

Employee Data – ALL FIELDS REQUIRED

Employer Name:		
Name:	Social Security #:	
Address:		
City:	Daytime Phone #: ()	
State/Zip:	Evening Phone #: ()	
Deferral Start/Stop Date:	Date of Birth:	Date of Hire:

Contribution Specifications

Complete this section to set up or change contributions to your 403(b) Account. Please note that the contribution amount may not exceed the maximum allowable limits as determined by the Internal Revenue Code. Review your Plan Highlights for the availability of Roth 403(b) contributions and Age 50 or 15 Years of Service Catch-up Contributions.

Tax Year	Basic Salary Deferral Limit for all employees.	Annual limit If you qualify for the Age 50+ Catch-Up.	Annual limit if you qualify for the full amount of the Lifetime Catch-up (15 Years of Service). Total Lifetime Catch-up Max of \$15,000.	Maximum annual contribution if you qualify for both the Age 50+ and Lifetime Catch-ups.
2009	\$16,500	\$5,500	\$3,000	\$25,000

- I am starting new payroll deductions.
 I am changing existing payroll deductions.
 This is a one-time payroll deduction.
 Please stop my contributions to _____
Current Provider

You are responsible for establishing any annuity contract or custodial account with the Investment Provider(s) indicated below.

Investment Provider(s)	Contract / Account #	Pre Tax	After Tax (Roth)	Salary Reduction	50+ Catch-up	Lifetime Catch-up (15 Years of Service)
1.		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$
2.		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$
3.		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$
4.		<input type="checkbox"/>	<input type="checkbox"/>	\$	\$	\$
Total Salary Reductions				\$	\$	\$

Total deduction each pay period \$ _____

Provide Approval Signature

- 403(b) deferrals can start no earlier than the first pay period following the date this agreement is signed.
- 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.
- 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.

Signature of Employee Date (mm/dd/yyyy)

MidAmerica Office Use ONLY:

Authorized by MidAmerica Administrative & Retirement Solutions, Inc., Third Party Administrator.

_____ Date Received Reviewed By _____ Date Approved By _____ Date
 _____ Date Sent to Employer Date Sent to Common Remitter (if applicable)