

Upper Merion area School District

Approved Provider List for 403(b) Accounts

<u>Investment Company/Insurance Carrier</u>	<u>Phone #</u>	<u>Website</u>
AXA Equitable Life Insurance Company	800-628-6673	www.axa-equitable.com
ING Reliastar Life Ins. Co.	877-884-5050	www.ing-usa.com
Kades Margolis Corp-Money by Design	800-433-1828	www.moneybydesign.biz
Lincoln Investment Planning	800-242-1421	www.lincolninvestment.com
Security Benefit	800-888-2461	www.securitybenefit.com
Vanguard	800-662-2003	www.vanguard.com

Once an account has been established with one of the approved providers above, complete the attached Salary Reduction Agreement and forward to Millie Reid in our Payroll Dept. If you establish an account with Vanguard, prior to forwarding to Millie Reid fax a copy to TSACG at 1-866-908-7582.

If you or your financial representative need to contact our 403(b) administrator for approval of loan, rollovers, etc., please see the contact information below:

TSA Consulting Group, Inc.

**If you are an employee or agent/representative with a question,
please contact the appropriate department listed below for assistance:**

Participant Transactions, EPARS, and SRA Processing Office

28 Ferry Rd. SE
Fort Walton Beach, FL 32548
Toll-Free Phone: 1-888-796-3786
Local Phone: (850) 362-6840

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Contact Information for the Participant Transactions Team:

Contact the Participant Transactions Team regarding the approval of loans, rollovers, hardships, distributions, exchanges; transaction paperwork submission assistance; Transaction Routing Request form assistance; ART log-in assistance; etc.:

Toll-Free Phone: 1-888-796-3786, Option 4
Local Phone: (850) 362-6840

Fax Numbers: 1-866-741-0645 or 1-866-814-0622

Email for Participant Transactions and ART Assistance

recordkeeping@tsacg.com

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Contact Information for the SRA Processing Team:

Phone: 1-888-796-3786, Option 5
Local Phone: (850) 362-6840

Fax: 1-866-908-7582

Email: sraprocessing@tsacg.com

Salary Reduction Agreement for 403(b) Programs

Part 1. Employee Information:

Name: _____ SS#: _____

Address: _____

Home Phone: _____ Date of Birth: _____ Date of Hire: _____

Part 2. Agreement:

The above named Employee elects to become a participant of the _____ (Employer Name) 403(b) Plan and agrees to be bound by all the terms and conditions of the plan. By executing this agreement employee authorizes the employer to reduce his or her compensation and have that amount contributed as an elective deferral and/or as a salary reduction contribution to the Roth 403(b) option if permitted in the plan, on his or her behalf into the annuity or custodial accounts as selected by the employee. It is intended that the requirements of all applicable state or federal income tax rules and regulations (Applicable Law) will be met. The Employee understands and agrees to the following:

- 1) this Salary Reduction Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect;
- 2) this Salary Reduction Agreement may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new Salary Reduction Agreement is submitted; and
- 3) this Salary Reduction Agreement may be changed with respect to amounts not yet paid or available in accordance with the Employer's administrative procedures.

Employee is responsible for providing the necessary information at the time of initial enrollment and later if there are any changes in any information necessary or advisable for the employer to administer the plan. Employee is responsible for determining that the salary reduction amount does not exceed the limits set forth in applicable law and for selecting annuities or custodial accounts. Furthermore, Employee agrees to indemnify and hold Employer harmless against any and all actions, claims and demands whatsoever that may arise from the purchase of annuities or custodial accounts. Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness or tax consequences of the purchase of the annuity and/or custodial account described herein. Employee agrees Employer shall have no liability whatsoever for any and all losses suffered by Employee with regard to his/her selection of the annuity and/or custodial account. Nothing herein shall affect the terms of employment between Employer and Employee. This agreement supersedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

Employee is responsible for setting up and signing the legal documents to establish an annuity contract or custodial account. However, in certain group annuity contracts, the Employer is required to establish the contract.

Employee is responsible for naming a death beneficiary under annuity contracts or custodial accounts. Employee acknowledges that this is normally done at the time the contract or account is established and reviewed periodically.

Employee is responsible for all distributions and any other transactions with vendor. All rights under contracts or accounts are enforceable solely by Employee, Employee beneficiary or Employee's authorized representative. Employee must deal directly with the vendor to make loans, transfers, apply for hardship distributions, begin regular distributions, or any other transactions.

Part 3. Representation by Employee for Calendar Year _____ :

A. Participation in other employer plans: (you must check only one)

I do not and will not have any other elective deferrals, voluntary salary reduction contributions, or non-elective contributions with any other employer.

I do participate in another employer's 403(b), 401(k), SIMPLE IRA/401(k), or Salary Reduction SEP. The following information pertains to all of my other employers for the current calendar year: Includible Earnings \$ _____; Elective Deferrals and/or salary reduction contributions to a Roth 403(b) or Roth 401(k) plan \$ _____; Non-elective Contributions \$ _____.

B. I have not received a Hardship Distribution from a plan of this Employer within the last six months. I further agree to provide notification to the employer prior to initiating a request, if I plan to elect a hardship distribution during the term of this agreement.

C. Maximum Elective Deferral or Roth 401(k)/403(b) salary reduction contribution: (you must check only one)

My elective deferral/salary reduction contribution does not exceed the Basic Limit (the lesser of my includible compensation or \$17,500).

My elective deferral exceeds the Basic Limit, however, I certify I am eligible for the additional Age 50 Catch-up of \$5,500.

Part 4. Voluntary Salary Reduction Information: (Check all that apply)

- Initiate new salary reduction
- Change salary reduction
- Change Funding Vehicle Vendor
- Discontinue salary reduction Please discontinue my elective deferral to the following Funding Vehicle:

Please complete Part 5.

This is notification to change the amount of my elective deferral to the new amount listed in Part 5.

This is notification to change my Funding Vehicle - Complete Part 5.

Part 5. Funding Vehicle & Amount of Pre-Tax Elective Deferrals:

	Contribution Per Pay Period (select one) *	Funding Vehicles (Annuity Contracts or Custodial Accounts)
1.	<input type="checkbox"/> % or <input type="checkbox"/> \$	
2.	<input type="checkbox"/> % or <input type="checkbox"/> \$	
3.	<input type="checkbox"/> % or <input type="checkbox"/> \$	

Implementation Date (next available pay on or after): _____

Part 5a. Funding Vehicle & Amount of After-Tax Salary Reduction Contributions to the Roth 403(b):

	Amount Per Pay (select one)*	Funding Vehicles (Annuity Contracts or Custodial Accounts)
1.	<input type="checkbox"/> % or <input type="checkbox"/> \$	
2.	<input type="checkbox"/> % or <input type="checkbox"/> \$	
3.	<input type="checkbox"/> % or <input type="checkbox"/> \$	

* NOTE: Any employee who works variable hours or who does not have a regular bi-weekly paycheck must select "% of pay."

Part 6. Employee Signature

I certify that I have read this complete agreement and provided the information necessary for the employer to administer the plan and that my salary reductions will not exceed the elective deferral or contribution limits as determined by Applicable Law. I understand my responsibilities as an Employee under this Program, and I request that Employer take the action specified in this agreement. I understand that all rights under the annuity or custodial account established by me under the Program are enforceable solely by my beneficiary, my authorized representative or me. I understand that certain information about my 403(b) account is necessary to properly maintain and administer my account under the 403(b) plan. I authorize the holder of that information to make it available to the plan sponsor, the administrator of the plan and/or their representative(s) so long as the information is used exclusively for purposes of complying with legal and regulatory requirements and proper administration of the plan and my account there under.

I am aware that if I select Vanguard Funds as my investment provider, plan administration expenses will be deducted from my contributions on a prorated 'per payroll' basis. This annual fee is \$24.00 as of 10/1/2013 and may be changed in the future subject to notification to me of such change.

Employee Signature: _____ Date: _____

Part 7. Representative Signature - NOTE: Representative must sign prior to submitting form to Payroll.

Signature: _____ Company Name: _____ Date: _____

Part 8. Employer Signature

Employer hereby agrees to this Salary Reduction Agreement:

Employer Signature: _____ Title: _____ Date: _____