403(b) Tax-Deferred Retirement Program

Salary Reduction Agreement & Investment Company Selection Form

Name:	SSN:	Date of Birth:	
Address:	City:	State:	Zip:
Employer:	Work Location:		
Home Phone:	Work Phone:	Email:	

In accordance with the provisions of the 403(b) Tax-Deferred Retirement Program ("403(b) Program") and pursuant to the terms of this Agreement, I authorize my Employer to follow my instructions as indicated below: *(Check all that apply)*

___ **Enrollment** – I wish to begin contributing to the 403(b) Program. (Please complete the "Salary Reduction Election" & "Investment Election" sections below.)

___ **Reaffirmation** – I hereby elect to continue my participation in the 403(b) Program according to my Employer's policies. (Please complete the "Salary Reduction Election" & "Investment Election" sections below.)

___ **Suspend Contributions** – Please cease my current salary reduction amount. (Please sign and date below.)

___ **Salary Reduction Change** – Please change my current salary reduction amount to the newly selected amount in the "Salary Reduction Election" section below.

Salary Reduction Election – I wish to make salary reduction contributions to the 403(b) Program as follows: Enter an amount that does not exceed the lesser of (1) 100% of your compensation **OR** (2) the annual elective deferral limit in effect for the current year plus any additional "catch up" contributions. This election supercedes any previous election made.

$_____	*reduced from base compensation paid for each payroll period

**Provided payment is sufficient to cover the deferral amount*

$_____	*reduced from special election or bonus compensation	Date of Receipt of Compensation: _____

**Provided payment is sufficient to cover the deferral amount*

Investment Election(s)
Please invest my future contributions in the following company(ies) and in the percentage increments listed below:
Please list full and complete name of Investment Company

Investment Company Name(s)	Account/Policy #	Investment Percentages (in increments of 1% or more)
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%

If you are setting up a new account, please attach a copy of the account application. **Total Contributions = 100 %**

The annual amount that you may contribute to the 403(b) Program is further reduced by any additional contributions that you make to other employer (including self-employment) plan programs, such as SEP IRAs, SIMPLE IRAs, and 401(k) plans.

Do/Did you contribute to any other retirement programs during this calendar year including any associated with your prior employer(s)? (This does not include state teachers' retirement plans or Roth and Traditional IRAs)
___ Yes ___ No If yes, please enter the total amount contributed $_____

Do/Did you participate in any catch up provisions/special elections with your current or former employer(s)?
___ Yes ___ No If yes, please enter the total amount contributed $_____

I acknowledge that I have read, understood and agree to the terms and conditions of this Salary Reduction Agreement. **Note: There is a continuation to this Agreement on the back of this form. By signing this Agreement, you agree to all such listed terms and conditions.**

Signature of Eligible Employee: _____ Date: _____

Signature of Employer Representative: _____ Date: _____