MidAmerica
Administrative & Retirement Solutions, Inc.

SRA – SALARY REDUCTION AGREEMENT
403(b) (TSA) Plan

This Agreement must be signed by the Employee and received by the Plan Administrator. If you participate in multiple 403(b) (TSA) accounts, all salary reductions must be on one SRA form. This Agreement is not effective until approved. This Agreement is irrevocable by the Employee as to any salary or amounts paid, but may be terminated or changed as to salary not yet paid. Compensation to be paid to this Employee shall be reduced by the sum indicated below per pay period starting with the compensation to be paid on the date requested below, or the first available payroll period after all requirements are satisfied. Please note that any SRA initiating contributions to be directed to a non-registered 403(b) provider must be rejected in conformance with California Education Code 25100 et. seq.

THIS AGREEMENT SUPERCEDES AND REPLACES ALL PRIOR 403(b) (TSA) SALARY REDUCTION AGREEMENTS – INCLUDING THE AMOUNT(S), PROVIDER(S), AND EFFECTIVE DATE(S).

EMPLOYER NAME:				
Employee Name		Social Security Number	Date of Birth	Date of Hire
Phone (Day)	Phone (Home)	Mailing Address		City, State, Zip
Email Address		# of Salary Reductions: ☐bi-weekly ☐10-months ☐ 11-months ☐12-months		☐ Classified ☐ Certificated

403(b) PLAN – TSA : Check Box: Agent/Broker must also sign below for all annuity sales.

☐ This is to **Initiate/Start** a New 403(b) (TSA) SRA **(Check only if not currently participating)**
☐ This is to **Change** the **Amount** of my currently existing 403(b) (TSA) Salary Reduction Agreement
☐ This is to **Change** my **Company/Provider**
☐ This is to **Terminate** my 403(b) Salary Reduction Agreement (Indicate below the Effective Date & Company/Provider Name)

Monthly Amount $ _____ **Effective** with my payroll date (mm/dd/yyyy): _____, 20_____

The Employer in accordance with the employer's 403(b) Plan shall transmit the above in the following manner:

Company/Provider Name:

$_____ To: _____ Account # _____

$_____ To: _____ Account # _____

$_____ To: _____ Account # _____

EMPLOYEE ACKNOWLEDGES that Employee has read, understands, and agrees to the terms and conditions set forth on the reverse side of this form. Employee further understands that a termination of salary reduction contributions to a provider that has not complied with or maintained registration in conformance with California law relating to those registration requirements will mean that Employee may not resume contributions later to that non-conforming provider. IN WITNESS WHEREOF, this Agreement has been executed by and on behalf of the parties hereto and the Employee has read and understands the terms and conditions listed on the reverse side of this form.

***I acknowledge that if I have selected a provider that has not agreed to pay the administrative fee, the fee of $20.00 per year will be withheld pro-rata from the salary deferral amount indicated above prior to being remitted to my provider.**

Employee Signature: _____ **Date:** _____

ADVISOR/BROKER INFORMATION: Agent/Broker Name: _____ **Phone:** _____ **Email:** _____

FOR ANNUITY SALES ONLY: By signing below, I agree that for annuity product being initiated within the Employer's 403(b) Plan that there is no life insurance component included within the annuity product and that no portion of the Employee's contribution to the Employer's 403(b) Plan is going toward the purchase of life insurance.

Agent/Broker Signature: _____ **Date:** _____