



403(b) Salary Reduction Agreement

Asterisks (*) Denote Required Field

Arizona School Administrators, Inc. 403b Plan

*Name of School District/Plan/Employer

*Last Name *First Name *MI *Date of Birth

*Street Address *City *State *Zip

*Social Security Number *Employee ID number

*Home Phone Work Phone Email Address

I Am Paid: ___Monthly ___Semi-monthly ___Bi-weekly

I elect to use the following catch-up provisions (if allowed by employer): Age 50 Catch-up

IMPORTANT: This Form Replaces and Cancels All Previous Salary Reduction Agreements On File

Please understand all contributions/deductions that are not listed on this form will cease to be deducted from your paycheck and will no longer be contributed to your 403(b) account.

Deduction 1 (Start or modify an existing deduction)

| | | |
|-----------------------------------|---------------------------------------------|------------------------------|
| <input type="checkbox"/> Existing | <input type="checkbox"/> 403(b) Pre-Tax | Investment Provider Name: |
| <input type="checkbox"/> New | <input type="checkbox"/> 403b Roth Post Tax | |
| <input type="checkbox"/> Cancel | | |
| Start Date: | End Date (If Applicable): | Per Pay Period Amount: \$ |

Deduction 2 (Optional, if more than 1 Investment Provider is used)

| | | |
|-----------------------------------|-----------------------------------------------|------------------------------|
| <input type="checkbox"/> Existing | <input type="checkbox"/> 403(b) Pre-Tax | Investment Provider Name: |
| <input type="checkbox"/> New | <input type="checkbox"/> 403(b) Roth Post-Tax | |
| <input type="checkbox"/> Cancel | | |
| Start Date: | End Date (If Applicable): | Per Pay Period Amount: \$ |

403b Partners is the third-party administrator for the employer's 403b Plan(s).

Agreement

By signing the Agreement, Employee agrees to modify his/her salary as indicated above and Employer agrees to contribute this amount on Employee's behalf into the 403(b) annuity or custodial account(s) selected by Employee and authorized by the Employer properly identifying pre-tax contributions and post-tax Roth 403(b) contributions for proper allocation to segregated accounts by the Service Provider(s):

By signing the Agreement, I authorize any Service Provider, or their delegate to provide information on my Account to Employer or another Service Provider if such information is necessary for compliance purposes or to effectuate such transactions as I may request.

Employee Name (Print)

Employee Signature

Date of Employee Signature

Agent / Broker Name (if known)

403b Partners
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