

Salary Reduction Agreement



1 Personal Information

Employee Name _____		Company Name _____	
Mailing Address City, State, Zip Code _____			Phone Number _____
Date of Birth _____	Date of Hire _____	Email Address _____	Social Security Number _____

2 Salary Reduction

The Salary Reduction Agreement (SRA) is to be used to establish, change or cancel salary reduction withheld from your paycheck and contributed to the 403(b) or 457(b) plan on your behalf. To change, begin, or cancel contributions, enter your desired amount(s) and investment provider(s). This SRA will cancel and replace any previously submitted SRA. You must list all new and existing deductions on this SRA form or they will be cancelled. The salary reductions identified in the space below will be the only deductions performed starting on the Effective Date.

Investment Provider Name*	Monthly Dollar or Percentage Amount	Type of Deferrals				Requested Action	Effective Date
		Pre-Tax 403(b)	457(b)	Roth 403(b)	Other		
_____	\$ _____ or _____%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	_____
_____	\$ _____ or _____%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	_____
_____	\$ _____ or _____%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	_____

*Please Note: Certain investment providers may not pay the administration fee. If you select an investment provider that does not pay the administration fee, the fee will be deducted and paid from your salary reduction amount. Please refer to the approved vendor list at www.nbsbenefits.com/403b for a current listing of providers that have agreed to cover the fee.

3 Agent Information

Agent Name _____	Agent Phone Number _____
Agent Email Address _____	Agent Fax Number _____

4 Employee Approval

I understand and agree to the following:

1. This Salary Reduction Agreement (Agreement) is an agreement between me and my employer which I have entered into voluntarily.
2. This Agreement supersedes and replaces all prior Salary Reduction Agreements.
3. The Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect.
4. The Agreement may be terminated or modified at any time for amounts not yet paid or available.
5. Nothing herein shall affect the terms of employment between the Employer and myself.
6. This Agreement shall automatically terminate if my employment is terminated.

I authorize the automatic cancellation of this Salary Reduction Agreement in the event of any of the following: (1) if either my employer or National Benefit Services, LLC (my employer's third-party administrator) believe additional contributions will cause me to exceed limits under Code Section 415 or 402(g), (2) if I take a hardship distribution, if available, or (3) I take an unforeseeable emergency distribution, if available.

I have read and understand the information contained on page 1 of this Agreement. I understand that by making this application the release of my confidential information to third parties may occur as necessary to administer the Plan in accordance with the Internal Revenue Code.

Employee Signature _____	Date _____
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403-200 (11/2011)