



403(b) TAX SHELTERED ANNUITY (TSA) SALARY REDUCTION AGREEMENT

Employer/Plan Name: _____

Employer/Plan Address: _____

Employer/Plan City, State and ZIP: _____

PLAN ID, if known: _____

Please read information in section 6 before completing and submit to PlanConnect for processing.

1. PLAN PARTICIPANT INFORMATION	Name: _____ Last First MI		
	_____	_____	_____
	Social Security Number	Date of Birth	Home phone number
	_____		_____
	E-mail Address		Work phone number
	Payroll Frequency (check one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
	If paid less than 12 months per year, indicate month(s) not paid*: _____		
	<p>Do you own 50% or more of an outside business which has a voluntary retirement plan? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Will you contribute to another employer's voluntary retirement plan this year? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>		
<p><i>If you answered Yes to either question:</i></p> <p>Type of Plan: (403(b), 401(k), 401(a), 457(b), etc.) _____</p> <p>Total Amount: _____</p> <p>Name of Employer: _____</p> <p>Investment Provider(s): _____</p>			

*No deductions are taken during the months you have indicated you are not paid.

2. TYPE OF REQUEST	I Want To:
	<input type="checkbox"/> BEGIN or RESUME contributions. <i>Complete sections 3 and 4 below. Forward to PlanConnect using the instructions in section 5.</i>
	<input type="checkbox"/> CHANGE future contribution AMOUNTS and/or INVESTMENT PROVIDER(S). <i>Complete sections 3 and 4 below. Forward to PlanConnect using the instructions in section 5.</i>
	<input type="checkbox"/> TERMINATE PARTICIPATION as soon as possible. <i>You must sign in section 4. Forward to PlanConnect using the instructions in section 5.</i>

I authorize my employer to reduce my salary to allow for contributions to be made to a 403(b) account on my behalf and to remit the designated amounts each pay period to the investment provider(s) indicated below. I have confirmed the investment provider(s) are approved by my employer's plan.

I have read and will abide by the TSA Participant Obligations stated in section 6. I understand that this Salary Reduction Agreement is legally binding and irrevocable with respect to salary that becomes payable to me while this agreement is in effect. I understand that I may stop, start, or change my future contribution amount at any time during the year by submitting a new Salary Reduction Agreement.

IMPORTANT: You must have an existing TSA account with each investment provider listed, or file an account application with the investment provider, **BEFORE** your first contribution is taken. Please allow two to four weeks for your investment provider to properly credit contributions to new accounts.

If the contribution amount from you and/or your employer is designated as a percent per pay period, you must indicate a percent to each Investment Provider. If the contribution amount from you and/or your employer is designated as a dollar amount, you can indicate a percent or dollar amount to each Investment Provider.

Participant Contributions. If more than 5 Investment Providers, attach separate sheet.

This Salary Reduction Agreement REPLACES AND CANCELS ALL PREVIOUS AGREEMENTS ON FILE. ONLY the contribution to the investment providers shown below will continue after the effective date of this agreement.

Contribution Amount: Indicate the Percentage or Amount Per Pay Period. Contributions must be listed in a consistent manner (all dollars or all percents).	Percent Per Pay Period _____ %	OR	Amount Per Pay Period \$ _____	
Remit Contributions To:	I have a TSA Account with this provider. <input type="checkbox"/> Yes <input type="checkbox"/> No	OR	Amount to Investment Provider \$ _____	Contribution Source <input type="checkbox"/> Pre-Tax <input type="checkbox"/> 403(b) Roth
_____ Investment Provider Name		OR	_____ % \$ _____	<input type="checkbox"/> Pre-Tax <input type="checkbox"/> 403(b) Roth
_____ Investment Provider Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	OR	_____ % \$ _____	<input type="checkbox"/> Pre-Tax <input type="checkbox"/> 403(b) Roth
_____ Investment Provider Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	OR	_____ % \$ _____	<input type="checkbox"/> Pre-Tax <input type="checkbox"/> 403(b) Roth
_____ Investment Provider Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	OR	_____ % \$ _____	<input type="checkbox"/> Pre-Tax <input type="checkbox"/> 403(b) Roth
_____ Investment Provider Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	OR	_____ % \$ _____	<input type="checkbox"/> Pre-Tax <input type="checkbox"/> 403(b) Roth

Employer Contributions (if applicable). If more than 5 Investment Providers, attach separate sheet.

Remit Employer Contributions To:	I have a TSA Account with this provider. <input type="checkbox"/> Yes <input type="checkbox"/> No	Percent to Investment Provider _____ %
_____ Investment Provider Name		_____ %
_____ Investment Provider Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
_____ Investment Provider Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
_____ Investment Provider Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %
_____ Investment Provider Name	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ %

3. BEGIN / RESUME / CHANGE



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4. SIGNATURE		
	_____ Employee Signature	_____ Date

5. CONTACT INFORMATION	<u>EXPRESS MAIL:</u> PlanConnect 100 Madison St Syracuse, NY 13202	<u>REGULAR MAIL:</u> PlanConnect PO Box 4940 Syracuse, NY 13221	<u>FAX:</u> (800) 657-2826	<u>PHONE AND WEBSITE:</u> (800) 923-6669 Monday-Friday, 9AM to 5PM ET www.planconnect.com
	KEEP A COPY FOR YOUR RECORDS Check your earnings statement to verify that this Salary Reduction Agreement has been processed accurately			

The following applies to all participants in the Tax-Sheltered Annuity (TSA) Program:

1. Federal Contribution Limits: TSA contributions are subject to annual limits determined under Internal Revenue Code (IRC) sec. 402(g) and 415(c). In **2014**, your limit is **\$17,500** (or 100% of your compensation, if less). If you are age 50 or older in 2014, you may contribute an additional **\$5,500**. The limits may be indexed annually in \$500 increments based on the Consumer Price Index. The IRS publishes the limits in the last quarter of the year for the following year. If you have 15 years of employment with your current employer, you may be eligible to contribute an additional \$3,000: contact PlanConnect to determine if you are eligible. Your TSA limit is **reduced** dollar for dollar by any voluntary contribution you make to another 403(b), 401(k), Federal Thrift Savings, salary reduction SEP, or SIMPLE plan. Contributions to a 457 (Deferred Compensation) plan or to a traditional or Roth IRA do **NOT** affect your TSA limit.

2. Investment Responsibility: You are responsible for your TSA investment decisions. This responsibility includes informing yourself of the nature and risk of the investments, monitoring your investments, and determining when a change in investments is appropriate. Your employer and PlanConnect are in no way liable for gains or losses you may incur in your TSA account(s).

3. Authorized Investment Providers: As long as your current employer employs you, you may make contributions only to investment providers and products authorized under the TSA Program. You may change your future contributions to a different authorized investment provider, or exchange all or a portion of your account balance to any other approved investment provider, if permitted by your plan and subject to approval and any contractual surrender charges or redemption fees.

4. Withdrawals and Loans: Generally, you cannot withdraw or roll over your TSA account balances before you attain age 59 ½, terminate employment, die, or become disabled. Withdrawals may be available as ordered by a court under a Qualified Domestic Relations Order (QDRO). Loans and hardship withdrawals, as limited by IRS regulations, are subject to approval if permitted by your TSA Plan provisions. Other withdrawals, if permitted under the plan, may also be subject to approval. Tax penalties may apply to distributions before age 59 ½. You are entirely responsible for all loans and withdrawals and any resulting tax liabilities.

5. Salary Reduction Agreement (SRA) Termination: To stop your contributions, you must file a new copy of the SRA with your employer and PlanConnect. If you terminate employment, your SRA terminates automatically after your last check is paid. If you later return to work, you must file a new SRA to resume contributing. **Your employer reserves the right to suspend or terminate a participant's SRA** if it believes that the participant has **over contributed** or is in violation of any applicable federal requirement or any term of this agreement.

6. Required Distributions: After you retire, you must take minimum distributions from your TSA account, generally beginning no later than age 70 ½. You do not need to take Required Minimum Distributions from your TSA accounts as long as you are still working for your current employer, even though you may be over age 70 ½.

7. Effective Date: The effective date of this agreement is dependent upon your employer's full execution of this request. Generally, this occurs within 2 pay cycles following the employer's receipt of this form, unless a later date is designated on this form.

8. Corrections: It is your responsibility to verify that this agreement has been accurately processed by comparing it to your earnings statement. Contact your Payroll Administration Department immediately if you find any discrepancy. In volatile markets, the value of your contribution may decline over time.

9. Fees: PlanConnect provides services to the Plan for a fee. The Plan Sponsor may elect to collect the fees from the Investment Providers or Plan Participants. If the Plan Sponsor elects to have the fees paid by the Plan Participants, or the Plan Sponsor elects to have the fees paid by the Investment Provider but the Investment Provider fails to pay the fee, it will be deducted from your contribution before the funds are forwarded to your Investment Provider.