

403(b) Salary Reduction Agreement



Instructions	<p>The Salary Reduction Agreement (SRA) is to be used to establish, change, or cancel salary reductions withheld from your paycheck and contributed to the 403(b) plan on your behalf. The SRA is also used to change the investment providers that receive your contributions. Upon completion, fax or mail a copy of the form to National Benefit Services, LLC. Please note that this form is not valid unless all applicable sections are completed and you have signed the form.</p> <p style="text-align: center;"> NBS Mailing Address: National Benefit Services, LLC NBS Fax Number: (800) 597-8206 8523 S. Redwood Road West Jordan, UT 84088 NBS Phone Number: (800) 274-0503 ext. 5 </p>																		
Employee Information	Employee Name	Social Security Number																	
	Employer Name	Home Phone Number																	
	Employee Mailing Address	E-mail Address																	
	(Street)	Date of Birth	Number of Pay Periods Per Year																
(City, ST ZIP)																			
Requested Action	<p>Check only one box. SRA is not valid without an Effective Date.</p> <p> <input type="checkbox"/> I want to STOP all contributions to all providers Effective Date: _____ <input type="checkbox"/> I want to BEGIN contributions (complete Amount and Provider section below) Effective Date: _____ <input type="checkbox"/> I want to CHANGE contribution amounts and/or providers (complete Amount and Provider section below) Effective Date: _____ </p>																		
Amount and Provider	<p>Leave this section blank if you are canceling contributions. To change or begin contributions, enter your desired amount(s), investment provider(s), and vendor code(s). This SRA will replace any previously submitted SRA's. Only salary reductions identified in the space below will be performed starting on the Effective Date. Please see page 2 for examples. Please note that you must establish your account(s) with your desired investment provider(s) prior to submitting this form. Contact your investment provider(s) directly to establish your account(s). Salary reduction will not be performed if you have not established your account(s). The Code # of your chosen investment provider may be found at www.nbsbenefits.com/403b.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;">Investment Provider Name</th> <th style="width:10%;">Code #</th> <th style="width:20%;">Monthly Dollar Amount</th> <th style="width:25%;">Have you established an account with this provider?</th> </tr> </thead> <tbody> <tr> <td><input style="width:100%;" type="text"/></td> <td><input style="width:100%;" type="text"/></td> <td><input style="width:100%;" type="text"/></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input style="width:100%;" type="text"/></td> <td><input style="width:100%;" type="text"/></td> <td><input style="width:100%;" type="text"/></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input style="width:100%;" type="text"/></td> <td><input style="width:100%;" type="text"/></td> <td><input style="width:100%;" type="text"/></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>			Investment Provider Name	Code #	Monthly Dollar Amount	Have you established an account with this provider?	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Agent Information	Agent Name	Agent Phone Number																	
	Agent Address	Agent Email Address																	
	(Street)	Agent Fax Number																	
(City, ST ZIP)																			
Employee Approval	<p>I understand and agree to the following:</p> <ol style="list-style-type: none"> 1 This Salary Reduction Agreement (Agreement) is an agreement between me and my employer which I have entered into voluntarily. 2 The Agreement supersedes 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 at any time for amounts not yet paid or available, and that a termination request is permanent. 5 The Agreement may be changed with respect to amounts not yet paid or available. 6 Nothing herein shall affect the terms of employment between the Employer and myself. This agreement supersedes all prior Salary Reduction Agreements and shall automatically terminate if my employment is terminated. <p>I understand that I may not contribute an amount which will exceed the annual additions limitation under Code Section 415 or permit excess elective deferrals under Code Section 402(g). If, based on information held by my employer or the Plan's third party administrator (National Benefit Services, LLC), either my employer or National Benefit Services, LLC believes additional contributions will cause me to exceed limits under Code Section 415 or 402(g), I authorize the automatic cancelation of this Salary Reduction Agreement.</p> <p>I have read and understood the information contained on page 2 of this Agreement.</p> <p>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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Employee Signature</td> <td>Date</td> </tr> <tr> <td>X</td> <td></td> </tr> </table>			Employee Signature	Date	X													
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X																			

403(b) Salary Reduction Agreement (Continued)



Important Information

The Employee agrees to indemnify and hold the Employer and National Benefit Services, LLC (NBS) harmless against any and all actions, claims and demands whatsoever that may arise from the purchase of annuities or custodial accounts in this 403(b) Plan. The Employee acknowledges that neither the Employer nor NBS have made representation to the Employee regarding the advisability, appropriateness or tax consequences of the purchase of the annuity and/or custodial accounts. The Employee agrees that neither the Employer nor NBS shall have any liability whatsoever for any and all losses suffered by the Employee with regard to his/her selection of the annuity and/or custodial account; its terms; the selection of the insurance company or regulated investment company; the solvency of, operation of or benefits provided by said insurance company or regulated investment company; or his/her selection and purchase of shares of regulated investment companies.

The Employer reserves the right to alter terms of this Agreement as required to facilitate Program compliance with State and Federal law.

The Employer does not choose the annuity contract or custodial account in which the Employee's contributions are invested.

The Employee is responsible for setting up and signing the legal documents to establish the annuity contract or custodial account.

In order for the Employee to receive the expected tax results, the annuity contract or custodial account established must meet the requirements of Section 403(b) of the Internal Revenue Code. It is solely the Employee's responsibility to establish the proper type of contract or account for this purpose.

The Employee is responsible for naming a death beneficiary under the annuity contract or custodial account. This is normally done at the time the contract or account is established, although the designation should be reviewed from time to time.

The Employee is responsible for investment decisions, distributions and any other transactions with the insurance company or investment company and shall have total responsibility for all distributions and any resulting taxation consequences. All rights under the contract or account are enforceable solely by the Employee, the Employee's beneficiary or the Employee's authorized representative.

The insurance or investment company or may be required to receive approval from the Employer or National Benefit Services, LLC prior to executing certain transactions including loans, hardships, distributions, or transfers (as permitted by the Plan).

The Employee understands that information contained in this Agreement and other non-public information may be shared with the Employer's designated third-party administrator in conjunction with the operation of the 403(b) Plan.

Retain a copy of this form for your records.

Amount and Provider Examples

Example 1: If you currently do not participate in the Plan and wish to begin contributing \$300 per month to your account with ABC Company and \$200 per month to your account with XYZ Company, enter the following on the first page:

Investment Provider Name	Code #	Monthly Dollar Amount	Have you established an account with this provider?
ABC Company	(ABC's Code)	\$300.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
XYZ Company	(XYZ's Code)	\$200.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Example 2: If you currently contribute \$300 per month to ABC Company and \$200 per month to XYZ company but wish to reduce both contributions to \$100 per month each, enter the following on the first page (remember, this SRA supersedes and replaces any previous SRA's):

Investment Provider Name	Code #	Monthly Dollar Amount	Have you established an account with this provider?
ABC Company	(ABC's Code)	\$100.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
XYZ Company	(XYZ's Code)	\$100.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Example 3: If you currently contribute \$300 per month to ABC Company and \$200 per month to XYZ company and wish to eliminate the contribution to ABC Company but keep the contribution to XYZ Company unchanged, enter the following on the first page (remember, this SRA supersedes and replaces any previous SRA's):

Investment Provider Name	Code #	Monthly Dollar Amount	Have you established an account with this provider?
ABC Company	(ABC's Code)	\$300.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No