MidAmerica
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403(b) Retirement Savings Plan

Questions? Call our Service Center at 1-866-873-4240

Salary Reduction Agreement

Use this form to set up or change contributions to your 403(b) Account. Please type or print your information and **fax to (863) 688-4466**.

Employee Data – ALL FIELDS REQUIRED	
Employer Name:	
Name:	Social Security #:
Address:	City/State/Zip:
Daytime Phone #:	Date of Birth:
Evening Phone #:	Date of Hire:
Email Address:	Number of Payrolls per Year:

Contribution Specifications

Complete this section to set up or change contributions to your 403(b) Account. Please note that the contribution amount may not exceed the maximum allowable limits as determined by the Internal Revenue Code. Review your Plan Highlights for the availability of Roth 403(b) contributions and Age 50 or 15 Years of Service Catch-Up Contributions. Click to view the Maximum Amount Contributable (MAC) limits for the current tax year.

☐ Start new payroll deductions (Account must be established prior to submitting SRA, fill in Account Number below).
☐ Increase existing payroll deductions. ☐ Decrease existing payroll deductions.
☐ One-time payroll deduction then stop deductions. ☐ One-time payroll deduction then revert to existing deductions.
☐ Change investment providers. Stop contribution to_____ and start contributions to _____.
☐ Please stop my contributions to _____.

Make changes effective with payroll date _____.

You are responsible for establishing any annuity contract or custodial account with the Investment Provider(s) indicated below prior to submitting your Salary Reduction Agreement. Please provide your account # to avoid delay in processing your changes.

***Please contact your investment provider to ensure that the provider can accept Roth 403(b) accounts.**

	Investment Provider(s)	Account #	Pre Tax	After Tax (Roth)	Annual Salary Reduction	Salary Reduction Per Pay Period
1.			☐	☐	$	$
2.			☐	☐	$	$
3.			☐	☐	$	$
4.			☐	☐	$	$

Please note that percentage deductions are not permitted on your plan.

Please contact your investment provider to ensure that the provider can accept Roth 403(b) Accounts

Total deduction each pay period $_____

Approval Signature

- 403(b) deferrals can start no earlier than the first pay period following the date this agreement is signed.
- This Salary Reduction Agreement is irrevocable with respect to amounts earned while it is in effect and applies only to amounts earned after the agreement becomes effective.
- This Salary Reduction Agreement will continue until amended or terminated. This agreement shall automatically terminate with severance from employment.
- The Employee agrees that the Employer shall have no liability whatsoever for any loss suffered by the Employee with regard to his/her selection of an investment provider, or the solvency of the operation of, or benefits provided by, said investment provider.

_____
Signature of Employee Date (mm/dd/yyyy)