

403(b) Salary Reduction Agreement

Group ID# 04532003

Your employer sponsors a 403(b) Salary Reduction Plan. To participate you must complete the information requested below, even if in the past you completed a similar agreement for this plan. This agreement will replace any prior salary reduction agreement.

Check One: New Enrollment Changes to earlier agreement Cancellation

EMPLOYER: _____

EMPLOYEE INFORMATION:

Employee Name: _____ SSN: _____

Address: _____ City: _____ State: _____ ZIP: _____

Date of Birth: _____ Phone: (_____) _____ Date of Hire: _____

Salary (Optional): _____ Marital Status: Married Not Married

This agreement is made by and between Employer and Employee. The parties agree to and acknowledge the following:

Pre-Tax Salary Reduction 403(b) - Contribution Source 6

Employee agrees to defer the right to receive compensation as follows:

Commencing on (date): _____.

A. \$ _____ each pay period, (_____ pay periods per year).

B. _____ % of compensation for each pay period (_____ pay periods per year).

The frequency with which a 403(b) Salary Reduction Agreement may be entered into or amended, the compensation as to which such agreement applies, and the ability to revoke such agreement shall be determined under the federal income tax rules applicable to qualified cash or deferred arrangements and your Employer's plan.

Employee requests that the Employer invest the funds in a custodial account, trust and/or VALIC annuity contract meeting the applicable Internal Revenue Code requirements.

The Employee agrees and acknowledges that contributions under this agreement shall be subject to the provisions of the plan and that the Employer may impose its own or additional administrative rules and procedures.

Employee may only contribute amounts that have not already been paid or made available. Employee agrees and acknowledges that contributions shall not exceed applicable limits under the plan or federal law and that Employer may limit contributions in order to comply with federal law and the plan document, and Employee hereby directs that any contribution in excess of such limits be returned to Employee in accordance with governing legal requirements.

This agreement shall terminate any prior Salary Reduction Agreement executed between the Employer and the Employee under the Employer's Section 403(b) plan. This agreement shall continue indefinitely until amended or terminated by either party by giving at least thirty (30) days' written notice prior to the date of such amendment or termination. If Employer elects to cease all employee elective contributions to the plan, this agreement shall automatically terminate. Unless my Employer's plan provides otherwise, this agreement shall automatically terminate upon the Employee's separation from service with the Employer.

Nothing in this agreement shall be deemed to constitute an employment agreement and nothing contained herein shall be deemed to give the Employee any right to be retained in the employ of the Employer.

_____	_____	_____	_____
Employee Signature	Date	Employer Signature	Date
		By: _____	
		Title: _____	