



Salary Reduction Agreements

A salary reduction agreement is required for each Participant who voluntarily elects to have a salary reduction contribution into a 403(b) Plan. This AFPlanServ Salary Reduction Agreement can be used in lieu of a Provider's Salary Reduction Agreement; however, a Provider's Salary Reduction Agreement will also be acceptable. Providers of your Plan should have forms such as this to meet the 403(b) requirements.

Important!!! Salary reduction cannot occur without a fully completed, and approved, salary reduction agreement. Employees who are interested in having a 403(b) contribution deducted from their paycheck must complete a salary reduction agreement to authorize the deduction. This applies to new contributions, changes to existing contributions (amount and/or Provider), and to stop contributions. Completed Agreement must be sent to AFPlanServ to be reviewed and approved prior to any salary reductions being processed. These can be faxed or mailed to AFPlanServ for approval. Upon approval, Agreements will be faxed back to the Employer, and should be maintained with all other 403(b) Plan documentation.

Please contact AFPlanServ at 1-866-560-6415, with any questions.



Salary Reduction Agreement / 403(b) Plan

Employer Name: _____ State: _____

Section 1. Employee Information:

Name: _____ Social Security #: _____

Mailing Address: _____

Daytime Phone Number: _____ Hire Date: _____ Birth Date: _____

This form is to authorize (check one): New Enrollment Amount Change Provider Change Stop Reduction/Deduction

Payroll Frequency (check one): Monthly Bi-Monthly Bi-Weekly Other _____

Section 2. Contribution Information (fill in all that apply):

Effective with the payroll dated _____; I wish to make the following 403(b) election. I understand that if this form is not received by AFPlanServ in time to be approved prior to this payroll date, the instructions will be implemented with my Employer's next available payroll after approval. These amounts will be allocated to investment providers as shown in Section 3.

Initiate a new tax-deferred salary reduction in the amount of \$_____ per pay. Number of pays: _____

Lump sum (one-time) salary reduction in the amount of \$_____.

*Initiate a new Roth 403(b) after-tax salary deduction in the amount of \$_____ per pay. Number of pays: _____

*Lump sum (one-time) Roth 403(b) after-tax salary deduction in the amount of \$_____.

Discontinue salary reduction/deduction.

**Roth 403(b) contributions must be specifically allowed by Plan. Check with the Employer or AFPlanServ for information as to whether or not these contributions are allowed by the Plan.*

Section 3. Investment Provider Information:

I understand that it is my responsibility to establish an account with an Investment Provider prior to submitting this request.

Investment Provider	Provider Status **	Contribution Amount

**Provider Status Codes: E = Existing Provider N= New Provider D=Delete Provider (stop current contribution)

