



MidAmerica

Administrative & Retirement Solutions, Inc.

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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 account from your paycheck. Please check with your employer to verify that this agreement meets your employer's requirements. Please type or print.

Employee Data	
Employer Name:	
Name:	Social Security #:
Address:	
City:	Daytime Phone #: ()
State/Zip:	Evening Phone #: ()
Date Last Employed:	Date of Birth:

Set Up Salary Reduction – 403(b)

Complete this section to set up or change contributions to your 403(b) Account. Please note that the maximum amount of salary that can be reduced may not exceed the limits of the Internal Revenue Code. If you are making catch-up contributions a copy of the calculation must be provided with this Salary Reduction Agreement.

Deduct from my Salary (Select all that apply):

Pre-Tax Qualified Contribution \$_____ per pay period.

Catch-up Amount

Pre-Tax Qualified Contribution – 15-years Service \$_____ per pay period.

Pre-Tax Qualified Contribution – Age 50 \$_____ per pay period.

Total \$_____ per pay period.

Please stop my contributions to _____
Current Provider

I choose not to contribute at this time.

Investment Provider

Complete this section with the amount per Investment Provider and account type. You are responsible for establishing any annuity contract or custodial account with the Investment Provider(s) as indicated below.

	403(b) Pre-Tax	
	Salary Reduction	Catch-Up
1.		
2.		
3.		
4.		

Provide Signatures

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.

403(b) deferrals can start no earlier than the first pay period following the date this agreement is signed.

Deferrals start on _____
(mm/dd/yyyy)

This Salary Reduction Agreement will continue until amended or terminated. This agreement supersedes all prior salary reduction agreements and 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 a provider, or the solvency of the operation of, or benefits provided by, said provider.

IN WITNESS THEREOF, this agreement has been executed by the parties hereto this _____ day of _____, 20 ____.

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

X _____
Signature of Representative Date (mm/dd/yyyy) Print Name of Representative

Mail to: MidAmerica Administrative & Retirement Solutions, Inc.
211 E Main Street, Suite 100 • Lakeland, FL 33801
Fax to: (863)688-4466