

Questions? Call our National Service Center at 1-800-888-2461.

### Instructions

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. You must complete sections 1, 5 and any of the following that apply:

- Section 2 for 401(k)
- Section 3 for 403(b)
- Section 4 for 457

Please type or print.

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### 1. Provide General Account Information

**Contract Number** \_\_\_\_\_

**Name of Owner** \_\_\_\_\_  
First MI Last

**Mailing Address** \_\_\_\_\_  
Street Address City State Zip Code

**Social Security Number** \_\_\_\_\_

**Daytime Phone Number** \_\_\_\_\_ **Home Phone Number** \_\_\_\_\_

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### 2. Set Up Salary Reduction – 401(k)

Complete this section to set up contributions to your 401(k) Account. Please note that the maximum amount of your contribution that can be reduced may not exceed the limits of the Internal Revenue Code. Verify with your Employer availability of Roth 401(k) contributions.

☐ Deduct from my salary (select all that apply):

☐ Pre-Tax Qualified Contribution of \$ \_\_\_\_\_ or \_\_\_\_\_ % per pay period.

☐ After-Tax Roth Contribution of \$ \_\_\_\_\_ or \_\_\_\_\_ % per pay period.

☐ I will be at least 50 years of age this year and may elect to make a "catch-up" contributions:

☐ Pre-Tax Qualified Contribution \$ \_\_\_\_\_ ☐ After-Tax Roth Contribution \$ \_\_\_\_\_

☐ I choose not to contribute at this time.

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### 3. 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. Verify with your Employer availability of Roth 403(b) contributions.

☐ Deduct from my salary (select all that apply):

☐ Pre-Tax Qualified Contribution \$ \_\_\_\_\_ or % \_\_\_\_\_ per pay period.

☐ After-Tax Roth Contribution \$ \_\_\_\_\_ or % \_\_\_\_\_ per pay period.

☐ Catch-up Amount

☐ Pre-Tax Qualified Contribution – Age 50 \$ \_\_\_\_\_

☐ After-Tax Roth Contribution – Age 50 \$ \_\_\_\_\_

☐ Pre-Tax Qualified Contribution – 15-Years Service \$ \_\_\_\_\_

☐ After-Tax Roth Contribution – 15-Years Service \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_ or % \_\_\_\_\_ per pay period.

☐ Please stop my contributions to \_\_\_\_\_  
Current Provider

☐ I choose not to contribute at this time.

### 4. Set Up Salary Reduction – 457

Complete this section to set up or change contributions to your 457 Account. Please note that the maximum amount of salary that can be reduced may not exceed the limits of the Internal Revenue Code.

☐ Deduct from my salary (select all that apply):

☐ Pre-Tax Qualified Contribution \$ \_\_\_\_\_ or % \_\_\_\_\_ per pay period.

☐ After-Tax Roth Contribution \$ \_\_\_\_\_ or % \_\_\_\_\_ per pay period.

☐ Catch-up Amount\* \$ \_\_\_\_\_

☐ Pre-Tax Qualified Contribution \$ \_\_\_\_\_ or % \_\_\_\_\_ per pay period.

☐ After-Tax Roth Contribution \$ \_\_\_\_\_ or % \_\_\_\_\_ per pay period.

**Total** \$ \_\_\_\_\_ or % \_\_\_\_\_ per pay period.

☐ Please stop my contributions to \_\_\_\_\_  
Current Provider

☐ I choose not to contribute at this time.

\*If you indicated a "catch-up" amount, please select one of the following:

☐ Age 50+

☐ 3 years before normal retirement age. Expected retirement date: \_\_\_\_\_  
(mm/dd/yyyy)

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## 5. 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.

Deferrals can start no earlier than the first pay period following the pay period this agreement is signed.

Deferrals start on \_\_\_\_\_  
(mm/dd/yyyy)

This Salary Reduction Agreement will continue until amended or terminated.

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 Employer Date (mm/dd/yyyy) Employer Contact Title

X \_\_\_\_\_  
Signature of Financial Advisor (optional) Date (mm/dd/yyyy) Print Name of Financial Advisor

### Mail to:

Security Benefit  
P.O. Box 750497  
Topeka, Kansas 66675-0497  
Fax to: 785.368.1772

### For expedited or overnight delivery:

Security Benefit  
Mail Zone 497  
One Security Benefit Place  
Topeka, Kansas 66636-0001

Visit us online at [SecurityBenefit.com](http://SecurityBenefit.com)



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