

Questions? Call our National Service Center at 800.747.3942.

Instructions

Use this form to set up or change contributions to your account from your paycheck. 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) or 403(b)(7)
- Section 4 for 457

Please type or print.

1. Provide General Account Information

Plan Number _____ **Social Security Number** _____

Participant Name _____
First MI Last

Mailing Address _____
Line 1 Line 2
City State Zip Code

Daytime Phone Number _____ **Mobile/Home Phone Number** _____

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 contribution:

☐ 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) or 403(b)(7)

Complete this section ONLY if you are contributing through salary reduction. Provide your employer a copy of this form to serve as your salary reduction agreement.

Choose all that apply. Verify with your employer the availability of Roth and Catch-up 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.

☐ Catch-up* Amount:

☐ Pre-Tax Qualified Contribution \$ _____

☐ After-tax Roth Contribution of _____

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

☐ Age 50+

☐ 15 Years of Service

☐ Stop my contributions to _____
Current Provider

Total \$ _____ or _____ % per pay period.

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 of \$ _____ or _____ % per pay period.

☐ After-Tax Roth Contribution of \$ _____ 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.

☐ 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 (optional) | _____ Date (mm/dd/yyyy) | _____ Employer Contact Title |
| X | _____ Signature of Financial Representative (optional) | _____ Date (mm/dd/yyyy) | _____ Print Name of Financial Representative |

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| Mail to: Security Benefit Retirement Plan Services PO Box 219141 Kansas City, MO 64121-9141 Fax to: 816.701.7626 | For expedited or overnight delivery: Security Benefit Retirement Plan Services 430 W 7th Street STE 219141 Kansas City, MO 64105-1407 |
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Visit us online at SecurityRetirement.com

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