



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

Instructions

Use this form to set up contributions to your First Security Benefit Life Insurance and Annuity Company of New York ("FSBL") Tax Sheltered Account from your paycheck. Please check with your employer to verify that this agreement meets your employer's requirements. Complete each section of the form. Please type or print.

1. Provide General Account Information

Contract Number _____

Name of Owner _____
First MI Last

Mailing Address _____
Street Address City State Zip Code

Social Security Number/Tax I.D. Number _____

Daytime Phone Number _____ Home Phone Number _____

2. Set Up Salary Reduction

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.

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3. 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.

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 Representative (optional) Date (mm/dd/yyyy) Print Name of Representative

For employer use only:

The Employer agrees to reduce the Employee's compensation by the amount listed, and to pay this amount to:

First Security Benefit Life Insurance and Annuity Company of New York
Administrative Office
P.O. Box 750500
Topeka, KS 66675-0500

Mail to:

First Security Benefit Life Insurance and Annuity Company of New York | Administrative Office

P.O. Box 750497 | Topeka, Kansas 66675-0497

Fax to: 785.368.1772

Visit us online at FSBL.com

