

403(b) Salary Reduction Agreement

First Financial Administrators, Inc.



EMPLOYEE INFORMATION <small>(Please Print)</small>				
FIRST NAME	MI	LAST NAME	SSN	
ADDRESS <small>(PO Box Unacceptable)</small>		CITY	STATE	ZIP
DOB	EMPLOYEE EMAIL ADDRESS	HOME PHONE	WORK PHONE	
EMPLOYER	CAMPUS CODE/ID NUMBER	ANNUAL SALARY	NUMBER OF PAY PERIODS <small>(Per Year - Check One)</small> <input type="checkbox"/> 10 <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> Other _____	
DEDUCTION 1 <small>Start or modify an existing deduction. Roth 403(b) – make sure this is an option in your employer plan prior to selecting.</small>				
<input type="checkbox"/> NEW/RESUME <input type="checkbox"/> CHANGE EXISTING <input type="checkbox"/> STOP CONTRIBUTION <input type="checkbox"/> HARDSHIP REQUEST - STOP DEDUCTION	<input type="checkbox"/> 403(b)	PROVIDER COMPANY NAME		
	<input type="checkbox"/> Roth 403(b)	PRODUCT ID # / #'S <small>(For New / Resume Reduction)</small>		
	START DATE:		or	<input type="checkbox"/> NEXT PAY PERIOD
	MONTHLY REDUCTION AMOUNT \$		PER PAY PERIOD AMOUNT \$	
DEDUCTION 2 <small>Start or modify an existing deduction. Roth 403(b) – make sure this is an option in your employer plan prior to selecting.</small>				
<input type="checkbox"/> NEW/RESUME <input type="checkbox"/> CHANGE EXISTING <input type="checkbox"/> STOP CONTRIBUTION <input type="checkbox"/> HARDSHIP REQUEST - STOP DEDUCTION	<input type="checkbox"/> 403(b)	PROVIDER COMPANY NAME		
	<input type="checkbox"/> Roth 403(b)	PRODUCT ID # / #'S <small>(For New / Resume Reduction)</small>		
	START DATE:		or	<input type="checkbox"/> NEXT PAY PERIOD
	MONTHLY REDUCTION AMOUNT \$		PER PAY PERIOD AMOUNT \$	
DEDUCTION 3 <small>Start or modify an existing deduction. Roth 403(b) – make sure this is an option in your employer plan prior to selecting.</small>				
<input type="checkbox"/> NEW/RESUME <input type="checkbox"/> CHANGE EXISTING <input type="checkbox"/> STOP CONTRIBUTION <input type="checkbox"/> HARDSHIP REQUEST - STOP DEDUCTION	<input type="checkbox"/> 403(b)	PROVIDER COMPANY NAME		
	<input type="checkbox"/> Roth 403(b)	PRODUCT ID # / #'S <small>(For New / Resume Reduction)</small>		
	START DATE:		or	<input type="checkbox"/> NEXT PAY PERIOD
	MONTHLY REDUCTION AMOUNT \$		PER PAY PERIOD AMOUNT \$	
Qualifications				
<ul style="list-style-type: none"> <li style="display: inline-block; width: 30%;">• Retirement, <li style="display: inline-block; width: 30%;">• Severance from employment, <li style="display: inline-block; width: 30%;">• Hardship or <li style="display: inline-block; width: 30%;">• Disability, <li style="display: inline-block; width: 30%;">• Death, <li style="display: inline-block; width: 30%;">• Age 59 ½. 				
I understand and agree to the following:				
<ol style="list-style-type: none"> 1. This Salary Reduction Agreement is an agreement between my employer and me which I have entered into voluntarily in order for my employer to reduce my salary. 2. This agreement is legally binding and irrevocable while employment continues, provided however, that either party may change or terminate this agreement by giving notice in writing at least 30 days prior to the effective date of such change or termination. 3. This form needs to be completed for any changes to my 403(b) account. 4. I have read and understand the information contained on page 2 of this agreement. 5. THIS AGREEMENT SUPERSEDES ALL PRIOR SALARY REDUCTION AGREEMENTS AND SHALL AUTOMATICALLY TERMINATE IF MY EMPLOYMENT IS TERMINATED. ONLY THE CONTRIBUTIONS TO THE COMPANIES SHOWN ON THIS FORM WILL BE CONTINUED AFTER THE EFFECTIVE DATE OF THIS AGREEMENT. 				
SIGNATURE <small>(REQUIRED)</small>				
EMPLOYEE SIGNATURE: _____			DATE _____	
AGENT NAME <small>(Please Print)</small> : _____		EMAIL _____	PHONE _____	
AGENT SIGNATURE: _____			DATE _____	

See www.ffga.com for more information about 403(b).

READ BEFORE YOU SIGN:

I certify that I have read this complete Agreement and I understand that I may not contribute an amount which will exceed the annual additions limitation under Code Section 415, Code Section 457 or permit excess elective deferrals under Code Section 402(g). The Employee is responsible for the accuracy of the excludable amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary reduction in this agreement, or any other violation of the requirement of Section 403(b) could result in additional taxes, interests, and penalties to the Employee. If based on information held by my employer or the Plan's third party administrator (First Financial Administrator, Inc.) either my employer or First Financial Administrator, Inc. believes additional contributions will cause me to exceed limits under Code Section 415, Code Section 457 or 402(g), I authorize cancellation of this Salary Reduction Agreement.

I certify that I have read this complete Agreement and that my salary reductions do not exceed contribution limits as determined by Applicable Law. I also certify that I am eligible for the catch up election, if selected. I understand my responsibilities as an Employee under the 403(b) plan, and I request Employer to take the action specifies in this Agreement. I understand that there may be an excess contribution to my 403(b) if I also own more than 50% ("control") of another business. In such event, the maximum contribution to all plans that I control and my 403(b) accounts or annuities for 2009 may not exceed \$49,000 (if I am under age 50) and \$54,500 (if I am 50 or older by the end of 2009). I understand that my Employer is responsible for knowing that I may control another business and I understand that I must notify my Employer that I have control of another business to ensure that I have not exceeded this maximum amount of contribution.

In the event that the Reduction has been suspended for 6 months due to hardship withdrawal, the reduction in salary will not be automatically restarted. If you should want to restart your contribution then you must complete a Salary Reduction Agreement.

Employer hereby agrees to identify both the pre-tax contributions and the after-tax contributions at the time of remittance to FFA. Neither your employer nor FFA certifies or endorse any 403(b) Service Provider. Neither the Employer nor First Financial Administrators warrants any particular tax consequences to the Employee, nor makes any specific recommendation that the Employee participate in the 403(b) program, neither shall be liable for any loss suffered by the Employee with regard to his/her choice of investments.

The Employee agrees to indemnify and hold the Employer and First Financial Administrators, Inc. (FFA) harmless against any and all actions, claims and demands whatsoever that may arise from the purchase of annuities or custodial accounts in this 403(b) Plan. The Employee acknowledges that neither the Employer nor FFA have made representation to the Employee regarding the advisability, appropriateness or tax consequences of the purchase of the annuity and/or custodial accounts. The Employee agrees that neither the Employer nor FFA shall have any liability whatsoever for any and all losses suffered by the Employee with regard to his/her selection of the annuity and/or custodial account; its terms; the selection of the insurance company or regulated investment company; the solvency of, operation of or benefits provided by said insurance company or regulated investment company; or his/her selection and purchase of shares of regulated investment companies.

The Employer reserves the right to alter terms of this Agreement as required to facilitate Program compliance with State and Federal law. The Employer does not choose the annuity contract or custodial account in which the Employee's contributions are invested, "The Employee is responsible for setting up and signing the legal documents to establish the annuity contract or custodial account.

In order for the Employee to receive the expected tax results, the annuity contract or custodial account established must meet the requirements of Section 403(b) of the Internal Revenue Code. It is solely the Employee's responsibility to establish the proper type of contract or account for this purpose.

The Employee is responsible for naming a death beneficiary under the annuity contract or custodial account. This is normally done at the time the contract or account is established, although the designation should be reviewed from time to time. If a beneficiary is not designated then the account will be paid to The Estate of Known Employee.

The insurance or investment company may be required to receive approval from First Financial Administrators, Inc. prior to executing certain transactions including loans, hardships, distributions, exchanges, rollovers or transfers (as permitted by the Plan).

Completing a Salary Reduction Agreement (SRA)

The following instructions are designed to assist you in completing the SRA. More detailed instructions may be found on our website, www.ffga.com. If you still have questions, please contact Retirement Services at 1-800-523-8422, Monday –Friday, 7:00 a.m. – 6:00 p.m. Central Time.

Texas

Choose a 403(b) Provider on your Employer's Approved 403(b) List of Providers available on www.ffga.com

Employee or agent is responsible for establishing an account with an approved Investment Provider. FFA will not forward account applications to Providers.

Sign and date the form. An agent's signature is also required for new reductions unless you are selecting an approved No-Load Provider with your Employer e.g., American Century, Vanguard, USAA Investment Management, etc. An agent's signature is not required to increase, decrease or stop an existing reduction.

If a new account, complete the Product ID # Section on the form. To locate the TRS Certification ID Number, please visit Teacher Retirement System of Texas web site: www.trs.state.tx.us and select "403(b) Certification & Product Registration" under Quick Links

Campus Code required for Ector County ISD only. Ector County ISD requires original SRA; do not fax. All other SRA's may be faxed. If you fax, please do not mail.

Retain a copy of the SRA for your records.

Non-Texas

Choose a 403(b) Provider on your Employer's Approved 403(b) List of Providers available on www.ffga.com

Employee or agent is responsible for establishing an account with an approved Investment Provider. FFA will not forward account applications to Providers.

Sign and date the form. An agent's signature is also required for new reductions unless you are selecting an approved No-Load Provider with your Employer e.g., American Century, Vanguard, USAA Investment Management, etc. An agent's signature is not required to increase, decrease or stop an existing reduction.

New Reductions require an FFA Uniform Disclosure Notice. A copy may be found on our website. Please call if a Vendor Disclosure notice may be used instead.

Mail or fax to FFA. If you fax, please do not mail.

Retain a copy of the SRA for your records.