

TSA Consulting Group, Inc., Attn: SRA Processing Team P.O. Box 4037, Fort Walton Beach, FL 32549
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457 Retirement Savings Plan

Questions? Call our Service Center at 1-888-796-3786, Option 5

Salary Reduction Agreement			
Use this form to set up or change contributions	to your 457 Account. Ple	ase type or print your information	on and fax to 1-866-908-7582
Employee Data – ALL FIELDS REQUIRED			
Employer Name:			
Name:		Social Security #:	
Address:		City/State/Zip:	
Daytime Phone #:	none #: Date of Birth:		
Evening Phone #:		Date of Hire:	
Email Address:		# of Salary Reductions:	
Contribution Specifications			
Complete this section to set up or change contri the maximum allowable limits as determined by Catch-up Contributions. Click to view the <u>Maxir</u>	the Internal Revenue Co	ode. Review your Plan Highligh	ts for the availability of Age 50
Start new payroll deductions (Account must be established under your current employer's plan prior to submitting SRA, fill in Account Number below).			
☐ Increase existing payroll deductions. ☐ Decrease existing payroll deductions.			
☐ One-time payroll deduction then stop deductions. ☐ One-time payroll deduction then revert to existing deductions.			
☐ Change investment providers. Stop contribution to and start contributions to			
Please stop my contributions to			
Make changes effective with payroll date You are responsible for establishing any annuity contract or custodial account with the Investment Provider(s) indicated below prior to submitting your Salary Reduction Agreement. Please provide your account # to avoid delay in processing your changes.			
Investment Provider(s)	Account #	Annual Salary Reduction	Salary Reduction Per Pay Period
1.		\$	\$
2.		\$	\$
3.		\$	\$
4.		\$	\$
After the initial SRA is submitted and approved by TS. Approval Signature 457 deferral changes will be effective with the This Salary Reduction Agreement is irrevolution.	he payroll in the month f	ubsequent changes can be made o	uction Agreement is submitted.
earned after the agreement becomes effect This Salary Reduction Agreement will con	tive.		
severance from employment. The Employee agrees that the Employer s		_	
his/her selection of an investment provider, Signature of Employee		peration of, or benefits provided	
C.g. Madio of Employee		2 a.s (1 loads field. Above date file	act 20 minimi lact 00 days to 50 valid)

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