

## TSA—403(b) Salary Reduction Agreement

(This agreement replaces prior agreements.)

PLEASE PRINT WITH BLACK INK • SIGN AND DATE

### Participant Information

Social Security no. \_\_\_\_\_ Employer name \_\_\_\_\_

Name \_\_\_\_\_ Date of hire \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Last First Middle

Address \_\_\_\_\_ Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

City State ZIP Daytime phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Evening phone ( \_\_\_\_\_ ) \_\_\_\_\_

- Check here if new address** (We will update all of your WEA Trust TSA and/or IRA accounts.)  
**Do you want us to update your address with these other products? If so, please check all that apply.**
- Auto Insurance  Home Insurance  Umbrella Insurance  Group Health, Dental, Life, and/or Disability  Group/Individual Long Term Care

### Select Reason for Salary Reduction Agreement

- New enrollment—please complete the *Tax-Sheltered Annuity Application*  Change  Terminate contributions

### Employee Contribution Information (this agreement replaces prior agreements)

Select and complete either A or B

**A.  Fixed-Dollar Method**

\$ _____	x	_____	=	\$ _____
<i>Per-check contribution</i>		<i>Number of pay periods</i>		<i>Total annual contribution</i>

**B.  Percentage Method (if employer allows)**

\$ _____	<i>Gross Pay</i>				
	_____ %	<i>Percentage of salary</i>			
\$ _____		_____	x	_____	= \$ _____
	<i>Per-check contribution</i>			<i>Number of Pay Periods</i>	<i>Total annual contribution</i>

The Salary Reduction amount indicated above will only be executed if there is sufficient pay to cover the request.

### Employee Authorization (forward signed copy to employer)

I request and authorize my employer to reduce my salary and to apply the amount of the salary reduction to purchase a tax-sheltered annuity for me, within the meaning of Section 403(b) of the Internal Revenue Code, or to establish for me a custodial account, within the meaning of Section 403(b)(7) of the Internal Revenue Code. Remit said sum to the WEA Tax Sheltered Annuity Trust.

This agreement shall be effective while employment continues; however, either party may terminate the agreement so it will not apply to salary subsequently earned. I agree to be bound by all the terms and conditions of the Plan.

I agree that any excess not removed by April 15, will be deemed a contribution for the next calendar year.

All section 403(b) contracts purchased for an individual by an employer are treated as purchased under a single contract.

Employee's signature \_\_\_\_\_ Date \_\_\_\_\_

### Employer Approval (this section MUST be completed) – Please forward approved copy to WEA Trust Member Benefits

The employer will remit the amount of the salary reduction described above to WEA Tax Sheltered Annuity Trust for investment into a 403(b) account.

Employer's signature \_\_\_\_\_ Date \_\_\_\_\_ Unit # \_\_\_\_\_

Name and position \_\_\_\_\_ Agreement effective date \_\_\_\_\_

**Participant's summer**

Remittance schedule:  Year-round  School year only  Accelerated summer pay  Other \_\_\_\_\_