

403(b) Salary Reduction Agreement

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

E-Mail _____ Daytime Phone (_____) _____
 Evening Phone (_____) _____

Select Reason for Salary Reduction Agreement

New enrollment—please complete the 403(b) Application Change Terminate contributions

Employee Contribution Information (this agreement replaces prior agreements)

Select and complete section A or B

A. Fixed-Dollar Method

403(b) TSA <small>WEA - 403(b) Trad. \$ (before-tax)</small>	403(b) TSA Roth <small>WEAR - 403(b) Roth \$ (after-tax—Only if your district allows)</small>			Total SRA Amount
\$ _____ <i>per check contribution</i>	+ \$ _____ <i>per check contribution</i>	= \$ _____ <i>combined 403(b) and Roth 403(b) contributions</i>	x _____ <i>number of pay periods</i>	= \$ _____ <i>total annual contribution</i>

B. Percentage Method

403(b) TSA <small>WEA - 403(b) Trad. % (before-tax)</small>	403(b) TSA Roth <small>WEAR - 403(b) Roth % (after-tax—Only if your district allows)</small>			Total SRA Amount
_____ % <i>per check contribution</i>	+ _____ % <i>per check contribution</i>	= _____ % <i>combined 403(b) and Roth 403(b) contributions</i>		
(Please indicate the approximate amount of first contribution in the blanks above.)				Number of pay periods per calendar year _____

The salary reduction amount indicated above will only be processed if there is sufficient salary 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.

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 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 _____