

## Advanced Consulting Group, Inc. (ACGI) - Salary Reduction Agreement

This Salary Reduction Agreement (SRA) is to be used to establish, change or cancel salary reductions withheld from your paycheck and contributed to a 403(b) or 457(b) plan on your behalf. The SRA is also used to change the product providers or vendors that receive your contributions. Upon completion, fax, email or mail a copy of the form to ACGI. NOTE: This form is not valid unless all applicable sections are completed and you have signed the form.

### Employee Information

Check if new participant       Check if change to existing allocation

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ E-mail : \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Employer Name: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Number of Pay Periods: \_\_\_\_\_

**Plan Type(s):**     Pre-Tax 403(b)       Pre-Tax 457(b)       Post-Tax Roth 403(b)       Post-Tax Roth 457(b)

### Catch-up contributions eligibility

I will be age 50 or older this calendar year       I will have completed 15 years of service with the Employer this calendar year

### New Agreement

Product Provider/Vendor Name	Policy Number	Plan Type	Amt. Per Pay Period	Effective Date:
_____	_____	_____	\$ _____ / _____ /20_____	
_____	_____	_____	\$ _____ / _____ /20_____	

**This agreement will remain in effect as long as I remain an eligible employee under the Plan, or until I provide the Employer with a written request to end my salary reduction contributions or submit a new Salary Reduction and Allocation Agreement, as permitted under the Plan.**

### Changes to Existing Agreement

Product Provider/ Vendor Name	Policy Number	New Amt. Per Pay Period	Check the box that applies:	Effective Date:
_____	_____	\$ _____	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Stop	_____/_____/20_____
_____	_____	\$ _____	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Stop	_____/_____/20_____
_____	_____	\$ _____	<input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Stop	_____/_____/20_____

\_\_\_\_\_**(Initial) Hold Harmless** - The Employee agrees, I am responsible for setting up and signing the legal documents to establish my annuity contract, custodial account or life insurance. The Salary Reduction Agreement is an agreement between me and my employer which I have entered into voluntarily. The Employee understands the Employer does not choose the product funding the annuity contract, custodial account or insurance product in which the Employee's contributions are invested. The Employee agrees the Employer, its agents or trust shall have no liability whatsoever for any and all losses suffered with regard to my selection of the annuity and/or custodial account, its terms, the selection of the insurance company, custodian, or regulated investment company, the financial condition, operations of or benefits provided by said insurance company, custodian, or regulated investment company, or my selection and purchase of shares of regulated investment companies. This Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect. The Agreement may be changed with respect to, or be terminated at any time for, amounts not yet paid or available, and that a termination request is permanent unless notified otherwise. The Employer reserves the right to alter terms of the Agreement as required to facilitate Plan compliance with State and Federal Law.

In order for the Employee to receive the expected tax results, the annuity contract, custodial account or life insurance policy established must meet the requirements of Section 403(b), Section 457(b) and/or 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 periodically. The Employee is responsible for investment decisions, distributions and any other transactions with the insurance company or investment company and shall have total responsibility for all distributions and any resulting taxation consequences. All rights under the contract or account are enforceable solely by the Employee, the Employee's beneficiary or the Employee's authorized representative.

The insurance or investment company may be required to receive approval from the Employer or the designated third party administrator, ACGI, prior to executing certain transactions including loans, hardships, distributions, or transfers (as permitted by the Plan). The Employee understands that information contained in this Agreement and other non-public information may be shared with ACGI as necessary to administer the 403(b) or 457(b) Plan in accordance with the Internal Revenue Code.

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). If, based on information held by my employer or ACGI, either my employer or ACGI believes additional contributions will cause me to exceed limits under Code Section 415, Code Section 457 or 402(g), I authorized the automatic cancelation of this Salary Reduction Agreement.

Agent Name (Print): \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_