



SRA ó SALARY REDUCTION AGREEMENT 403(b) (TSA) Plan

This Agreement must be signed by the Employee and received by the Plan Administrator. If you participate in multiple 403(b) (TSA) accounts, all salary reductions must be on one SRA form. This Agreement is not effective until approved. This Agreement is irrevocable by the Employee as to any salary or amounts paid, but may be terminated or changed as to salary not yet paid. Compensation to be paid to this Employee shall be reduced by the sum indicated below per pay period starting with the compensation to be paid on the date requested below, or the first available payroll period after all requirements are satisfied. Please note that any SRA initiating contributions to be directed to a non-registered 403(b) provider must be rejected in conformance with California Education Code 25100 et. seq.

***Note: There is an administrative charge that will be deducted from your contribution amount listed below prior to being remitted to your provider.**

THIS AGREEMENT SUPERCEDES AND REPLACES ALL PRIOR 403(b) (TSA) SALARY REDUCTION AGREEMENTS ó INCLUDING THE AMOUNT(S), PROVIDER(S), AND EFFECTIVE DATE(S).

Check here if you are contributing to another retirement plan:

EMPLOYER NAME:				
Employee Name		Social Security Number	Date of Birth	Date of Hire
Phone (Day)	Phone (Home)	Mailing Address		City, State, Zip
Email Address		# of Salary Reductions: <input type="checkbox"/> bi-weekly <input type="checkbox"/> 10-months <input type="checkbox"/> 11-months <input type="checkbox"/> 12-months		<input type="checkbox"/> Classified <input type="checkbox"/> Certificated

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