



# 403(b) Salary Reduction Agreement (Continued)



**Important Information**

The Employee agrees to indemnify and hold the Employer and National Benefit Services, LLC (NBS) harmless against any and all actions, claims and demands whatsoever that may arise from the purchase of annuities or custodial accounts in this 403(b) Plan. The Employee acknowledges that neither the Employer nor NBS have made representation to the Employee regarding the advisability, appropriateness or tax consequences of the purchase of the annuity and/or custodial accounts. The Employee agrees that neither the Employer nor NBS shall have any liability whatsoever for any and all losses suffered by the Employee with regard to his/her selection of the annuity and/or custodial account; its terms; the selection of the insurance company or regulated investment company; the solvency of, operation of or benefits provided by said insurance company or regulated investment company; or his/her selection and purchase of shares of regulated investment companies.

The Employer reserves the right to alter terms of this Agreement as required to facilitate Program compliance with State and Federal law.

The Employer does not choose the annuity contract or custodial account in which the Employee's contributions are invested.

The Employee is responsible for setting up and signing the legal documents to establish the annuity contract or custodial account.

In order for the Employee to receive the expected tax results, the annuity contract or custodial account established must meet the requirements of Section 403(b) 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 from time to time.

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 or may be required to receive approval from the Employer or National Benefit Services, LLC 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 the Employer's designated third-party administrator in conjunction with the operation of the 403(b) Plan.

Retain a copy of this form for your records.

**Amount and Provider Examples**

Example 1: If you currently do not participate in the Plan and wish to begin contributing \$300 per month to your account with ABC Company and \$200 per month to your account with XYZ Company, enter the following on the first page:

Investment Provider Name	Code #	Monthly Dollar Amount	Have you established an account with this provider?
ABC Company	(ABC's Code)	\$300.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
XYZ Company	(XYZ's Code)	\$200.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Example 2: If you currently contribute \$300 per month to ABC Company and \$200 per month to XYZ company but wish to reduce both contributions to \$100 per month each, enter the following on the first page (remember, this SRA supersedes and replaces any previous SRA's):

Investment Provider Name	Code #	Monthly Dollar Amount	Have you established an account with this provider?
ABC Company	(ABC's Code)	\$100.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
XYZ Company	(XYZ's Code)	\$100.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Example 3: If you currently contribute \$300 per month to ABC Company and \$200 per month to XYZ company and wish to eliminate the contribution to ABC Company but keep the contribution to XYZ Company unchanged, enter the following on the first page (remember, this SRA supersedes and replaces any previous SRA's):

Investment Provider Name	Code #	Monthly Dollar Amount	Have you established an account with this provider?
ABC Company	(ABC's Code)	\$300.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No