SALARY REDUCTION AGREEMENT

reduction plan for the purchas	herein re e of annuities or other authorized nd prescribed under Tex. Rev. Civ TSA Plan.	investments as authorize	d in Section 403(b	o) and 403(b)(7) o	
WHEREAS, here those benefits.		n referred to as the "Employer" wishes the employee to have			
 The employer will apply the state of the sta	REED: Il be reduced by the employer. The amount of the salary reduction and remit the salary reduction to the binding; however, each party to the written notice to the other party.	e third party administratone agreement reserves the . nployer will apply the amounts apply the apply the amounts apply the apply the amounts apply the apply the amounts apply the amounts apply the apply the amounts apply the amounts apply the amounts apply the	r or directly to the e right to terminat	provider. e said agreement	
Is this a Roth 403B?	Yes No				
COMPANY NAME	AMOUNT PER PAY PERIOD	NEW INCREASE	DECREASE	STOP	
COMPANY NAME	AMOUNT PER PAY PERIOD				
COMPANY NAME	AMOUNT PER PAY PERIOD				
Annual Contribution Amour	nt:				
New Company Premium Re	mittance Address:				
custody or control, the ad for a purpose unrelated to The administrator sh (a) in response (b) for an exam (c) for an audit U.S.C. 1007 (d) to or at the	ring the time information that iden ministrator shall take all reasonal or administration of the plan. all disclose information described to a court order; ination conducted by the commis or investigation conducted under I, et seq.); request of the insurer or plan sporten consent of the identified indivi	le precautions to prevent only: sioner of insurance; the Employee Retiremen nsor; or	disclosure or use	of the information	ı
(Signature of Participant)	(Date)	(Agent/Broker S	ignature)		
(Social Security Number)	(Home Telephone)	(Agent/Broker N	ame) (Print)		
(Address)		(Agent/Broker Phone Number)			
(City,State,Zip Code)	(Email Address)	(Email Address)			

Fax Forms to: Benefit Elect of Texas 713-960-1540