

## 403(b) Salary Reduction Agreement

### 1. Participant Information—print legibly.

Social Security No. _____	District Name _____
Name _____ <small style="display: flex; justify-content: space-between; width: 100%;">Last                      First                      Middle</small>	Date of Hire _____ / _____ / _____
Address _____	Date of Birth _____ / _____ / _____
_____	Daytime Phone ( _____ ) _____
<small>City                      State                      ZIP</small>	Evening Phone ( _____ ) _____
Email _____	

### 2. Select Reason for Salary Reduction Agreement

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

### 3. Employee Contribution Information (this agreement replaces prior agreements)

Select either Fixed-Dollar Method or Percentage Method. The salary reduction amount indicated below will only be processed if there is sufficient salary to cover the request.

**Fixed-Dollar Method**

\$ _____	+	\$ _____	=	\$ _____	x	_____	=	\$ _____
<small>403(b) (before-tax) per check contribution</small>		<small>403(b) Roth (after-tax) per check contribution <b>if district plan allows</b></small>		<small>Combined 403(b) and Roth 403(b) contributions</small>		<small>Number of pay periods</small>		<small>Total annual contribution</small>

**Percentage Method**

_____ %	+	_____ %	=	_____ %
<small>403(b) (before-tax) per check contribution</small>		<small>403(b) Roth (after-tax) per check contribution <b>if district plan allows</b></small>		<small>Combined 403(b) and Roth 403(b) contributions</small>
\$ _____		\$ _____		_____
<small>(Please indicate the approximate amount of first contribution in the blanks above.)</small>				<small>Number of pay periods per calendar year</small>

### 4. 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 Member Benefits.

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 403(b) contracts purchased for an individual by an employer are treated as purchased under a single contract.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

### 5. Employer Approval (this section MUST be completed)

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 \_\_\_\_\_

Name and Position \_\_\_\_\_ Agreement Effective Date \_\_\_\_\_

Participant's Summer Remittance Schedule

- Year-round     School year only     Accelerated summer pay     Other \_\_\_\_\_