



P.O. BOX 670329
 Houston, Texas 77267-0329
 Phone Number: (800)523-8422 Fax Number: (281)847-8427

403(b) Salary Reduction Agreement

FFASRA -12/05

First Name	Middle Initial	Last Name	Social Security # — —
Home Address	City	State	Zip Code
Home Address		City	State Zip Code
Date of Birth	Date Hired		Annual Salary \$
Employer / School District		Campus Code (Ector Co. Only)	Work Phone# ()
# of Pay Periods 9 10 11 12 20 24 26 Other _____ (CIRCLE ONE)			Completed by:

EFFECTIVE DATE: As soon as possible Later: (Pay date) ____ / ____ / ____

READ IMPORTANT:

THIS FORM REPLACES AND CANCELS ALL PREVIOUS AGREEMENTS ON FILE. VENDOR CODES REQUIRED FOR CALIFORNIA SCHOOLS ONLY.

LIST ALL NEW AND EXISTING COMPANIES BELOW:	Amount Per Pay Period 403(b) Pre-Tax	Amount Per Pay Period Roth 403(b) After-Tax	ACTION TAKEN					
			N-New	I-Increase	D-Decrease	R-Resume	E-Existing	S-Stop
Company Name/ Vendor Code (CA only)	\$	\$	Circle One - N I D R E S					
Company Name/ Vendor Code (CA only)	\$	\$	Circle One - N I D R E S					
Company Name/ Vendor Code (CA only)	\$	\$	Circle One - N I D R E S					
TOTAL PER PAY PERIOD	\$	\$						

NEW COMPANY REMITTANCE ADDRESS: _____
 ADDRESS REQUIRED FOR NEW
 ACCOUNTS ONLY _____

HAVE YOU TAKEN A HARDSHIP WITHDRAWAL IN THE LAST 6 MONTHS? Y OR N (CIRCLE) IF YES, INDICATE DATE TAKEN? _____

Eligible and participating in the "Age 50 + Catch-Up" provision.

Eligible and would like to participate in the "15 Year Catch-Up" provision. **Complete the following:**
 Total past contributions with current Employer through the end of the last calendar year, (include both, Employer and Employee contributions)

403(b) \$ _____ (Employee) 401(K) \$ _____ (Employee)

403(b) \$ _____ (Employer) 401(K) \$ _____ (Employer)

Please provide the total amount of excess funds contributed under the "15 Year Catch-Up" provision if being utilized currently or if utilized in the past. \$ _____

1. I authorize the Employer and the Employer agrees to reduce the Employee's salary by the amount stated above and remit to the Provider Company of choice for the purchase of an annuity eligible under Section 403(b) and/or Section 403(b)(7) of the Internal Revenue Code as amended, providing retirement benefits for the Employee. The Employee's rights to such annuity are nonforfeitable.
2. This agreement shall be legally binding and irrevocable while employment continues, provided however, that either party may change or terminate this agreement by giving notice in writing at least 30 days prior to the effective date of such change or termination.
3. The Employee is responsible for the accuracy of the excludable amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary reduction in this agreement, or any other violation of the requirement of Section 403(b) could result in additional taxes, interests, and penalties to the Employee.

Employee Signature	Date
Agent/Broker Name (Print)	Date
Agent/Broker Signature	Phone Number: