



Questions? Call our National Service Center at 1-800-888-2461.

Instructions

Use this form to set up or change contributions to your account from your paycheck. Please check with your employer to verify that this agreement meets your employer's requirements. You must complete sections 1, 5 and any of the following that apply:

- Section 2 for 401(k)
• Section 3 for 403(b) or 403(b)(7)
• Section 4 for 457

Please type or print.

1. Provide General Account Information

Contract/Account Number _____ Plan Number or Name _____ (Applicable to Employer Retirement Plans only)
Name of Owner/Participant _____ First MI Last
Mailing Address _____ Street Address City State ZIP Code
Social Security Number/Tax I.D. Number _____
Daytime Phone Number _____ Home Phone Number _____

2. Set Up Salary Reduction – 401(k)

Complete this section to set up contributions to your 401(k) Account. Please note that the maximum amount of your contribution that can be reduced may not exceed the limits of the Internal Revenue Code. Verify with your Employer availability of Roth 401(k) contributions.

- [] Deduct from my salary (select all that apply):
[] Pre-Tax Qualified Contribution of \$ _____ or _____ % per pay period.
[] After-Tax Roth Contribution of \$ _____ or _____ % per pay period.
[] I will be at least 50 years of age this year and may elect to make a "catch-up" contributions:
[] Pre-Tax Qualified Contribution \$ _____ [] After-Tax Roth Contribution \$ _____
[] I choose not to contribute at this time.

3. Set Up Salary Reduction – 403(b) or 403(b)(7)

Complete this section to set up or change contributions to your 403(b) or 403(b)(7) Account. Please note that the maximum amount of salary that can be reduced may not exceed the limits of the Internal Revenue Code. Verify with your Employer availability of Roth 403(b) or 403(b)(7) contributions.

- [] Deduct from my salary (select all that apply):
[] Pre-Tax Qualified Contribution \$ _____ or % _____ per pay period.
[] After-Tax Roth Contribution \$ _____ or % _____ per pay period.
[] Catch-up Amount
[] Pre-Tax Qualified Contribution – Age 50 \$ _____
[] After-Tax Roth Contribution – Age 50 \$ _____
[] Pre-Tax Qualified Contribution – 15-Years Service \$ _____
[] After-Tax Roth Contribution – 15-Years Service \$ _____
Total \$ _____ or % _____ per pay period.
[] Please stop my contributions to _____ Current Provider
[] I choose not to contribute at this time.

4. Set Up Salary Reduction – 457

Complete this section to set up or change contributions to your 457 Account. Please note that the maximum amount of salary that can be reduced may not exceed the limits of the Internal Revenue Code.

Deduct from my salary (select all that apply):

Pre-Tax Qualified Contribution \$ _____ or % _____ per pay period.

Catch-up Amount* \$ _____

Total \$ _____ or % _____ per pay period.

Please stop my contributions to _____
Current Provider

I choose not to contribute at this time.

*If you indicated a "catch-up" amount, please select one of the following:

Age 50+

3 years before normal retirement age. Expected retirement date: _____
(mm/dd/yyyy)

5. Provide Signatures

This Salary Reduction Agreement is irrevocable with respect to amounts earned while it is in effect and applies only to amounts earned after the agreement becomes effective.

Deferrals can start no earlier than the first pay period following the pay period this agreement is signed.

Deferrals start on _____
(mm/dd/yyyy)

This Salary Reduction Agreement will continue until amended or terminated.

The Employee agrees that the Employer shall have no liability whatsoever for any loss suffered by the Employee with regard to his/her selection of a provider, or the solvency of the operation of, or benefits provided by, said provider.

IN WITNESS THEREOF, this agreement has been executed by the parties hereto

this _____ day of _____, 20____.

X _____
Signature of Employee Date (mm/dd/yyyy)

X _____
Signature of Employer Date (mm/dd/yyyy) Employer Contact Title

X _____
Signature of Representative (optional) Date (mm/dd/yyyy) **Ben Sarsozo**
Print Name of Representative

For employer use only:

The Employer agrees to reduce the Employee's compensation by the amount listed, and to pay this amount to:

Security Benefit
P.O. Box 750500
Topeka, KS 66675-0500