



P.O. Box 7338 • Madison, WI 53707-7338  
 45 Nob Hill Road • Madison, WI 53713-3959  
 E-mail: memberbenefits@weatrust.com  
 Web site: weabenefits.com  
 Voice: 1-800-279-4030 • Fax: (608) 661-6799

## 403(b) TSA Salary Reduction Agreement

PLEASE PRINT WITH BLACK INK • SIGN AND DATE

### Participant Information

Social Security No. \_\_\_\_\_  
 Name \_\_\_\_\_  
     Last                      First                      Middle  
 Address \_\_\_\_\_  
     \_\_\_\_\_  
     City                      State                      ZIP  
 E-mail \_\_\_\_\_

Employer Name \_\_\_\_\_  
 Date of Hire \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Evening Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Check here if new address

*Address information submitted on this form replaces information on file for your WEA Trust Member Benefits tax-sheltered annuity (TSA) and/or IRA accounts.*

### Select Reason for Salary Reduction Agreement

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

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

Select and complete section A or B

A.  Fixed-Dollar Method

403(b) TSA (before-tax)	403(b) TSA Roth (after-tax—Only if your district allows)	Total SRA Amount
\$ _____ <i>per check contribution</i>	+ \$ _____ <i>per check contribution</i>	= \$ _____ <i>combined 403(b) and Roth 403(b) contributions</i>
		x _____ <i>number of pay periods</i>
		= \$ _____ <i>total annual contribution</i>

B.  Percentage Method

403(b) TSA (before-tax)	403(b) TSA Roth (after-tax—Only if your district allows)	Total SRA Amount
_____ % <i>per check contribution</i>	+ _____ % <i>per check contribution</i>	= _____ % <i>combined 403(b) and Roth 403(b) contributions</i>
		_____ <i>Number of pay periods per calendar year</i>

*(Please indicate the approximate amount of first contribution in the blanks above.)*

The salary reduction amount indicated above will only be processed if there is sufficient salary to cover the request.

### 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 Tax Sheltered Annuity Trust.

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

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

### Employer Approval (this section MUST be completed)—Please forward approved copy to WEA Trust Member Benefits

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 \_\_\_\_\_ Unit # \_\_\_\_\_

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

Participant's Summer Remittance Schedule:  Year-round     School year only     Accelerated summer pay     Other \_\_\_\_\_