

# Strategic Retirement Advisors, LLC

## Salary Reduction Agreement Form

### 457 Plan

**Instructions:** Use this form if you wish to direct your employer to reduce your compensation and direct this compensation to become an elective deferral under your employer's 457 plan, or if you want to change your existing Salary Reduction Agreement. **If you do not have a 457 retirement account with Strategic Retirement Advisors, you must also complete a Strategic Retirement Advisors 457 Deferred Compensation Plan Enrollment Form.** This agreement is between you and your employer. Unless otherwise instructed, please complete this form and return it to your Human Resources Department or Benefits Office. Please retain a copy of this agreement for your records.

**DO NOT RETURN THIS FORM TO STRATEGIC RETIREMENT ADVISORS.**

**Questions?** Call Strategic Retirement Advisors at (888) 234-6425 Monday - Friday from 8:00 A.M. to 5 P.M. PST. An Investment Advisor can discuss your retirement savings needs and help you calculate the maximum amount you can contribute to your plan each year.

#### 1. YOUR INFORMATION

Please use a pen and print clearly in CAPITAL LETTERS.

|                    |   |                             |   |
|--------------------|---|-----------------------------|---|
| Social Security #: | <input type="text"/>                                    | Date of Birth:              | <input type="text"/>  |
| First Name & M.I.: | <input type="text"/>                                    | Last Name:                  | <input type="text"/>  |
| Street Address:    | <input type="text"/>                                    |                             | Apt. No: <input type="text"/>   |
| City:              | <input type="text"/>                                    | State: <input type="text"/> | Zip: <input type="text"/>   |
| Daytime Phone:     | <input type="text"/>                                    | Evening Phone:              | <input type="text"/>  |
| This is a:         | <input type="checkbox"/> New Salary Reduction Agreement | or                          | <input type="checkbox"/> Change to an existing Salary Reduction Agreement |

#### 2. EMPLOYER INFORMATION

|   |                      |                             |                           |
|---|----------------------|-----------------------------|---------------------------|
| Name of Current Employer/Site/Division: | <input type="text"/> |                             |                           |
| Address:                                | <input type="text"/> |                             |                           |
| City:                                   | <input type="text"/> | State: <input type="text"/> | Zip: <input type="text"/> |
| Employer Phone:                         | <input type="text"/> |                             |                           |

### 3. AGREEMENT

This agreement is made between the participant named in Section 1 ( "Participant" ) and the employer named in Section 2 ( "Employer" ).

A. I hereby agree to reduce my eligible compensation (i.e., wages or salary) by \$  , OR by  %,  
effective --- , and my Employer agrees to contribute this amount on my behalf to the investment  
options I have selected for my 457 account.

**Catch-Up Deferral (if applicable)**

B. I hereby agree to reduce my eligible compensation (i.e., wages or salary) by \$  , OR by  %,  
effective --- , and my Employer agrees to contribute this amount on my behalf to the investment  
options I have selected for my 457 account.

C. I further understand that I may change the amount of my salary reduction at any time as permitted under the terms of my Employer's plan by filing  
a written notice of change with my Employer 30 days prior to the date that I wish the change to take effect.

D. I further understand that I may terminate this Agreement at any time by filing a written notice of termination with my Employer 30 days prior to the  
date I wish this Agreement to be terminated.

E. This Agreement may not permit an aggregate amount of salary reduction contributions under the plan which will exceed the amount allowable to  
be deferred under Internal Revenue Code ( "Code" ) Section 457(b)(2) [or, if applicable, such higher limit as may be in effect for the year under Code  
Section 457(b)(3) or Code Section 414(v), if applicable]. I understand that I am responsible for determining that the amount of my salary reduction  
listed above does not exceed the limits on contributions in this section. For 457 plans, I also understand that my Employer will provide to me upon  
my request any available information from the Employer's records that is necessary to enable me to make these determinations.

### 4. SIGNATURES

The Participant and the Employer hereby agree to this Salary Reduction Agreement.

Participant Signature:

Date: ---

Employer Signature:

Date: ---

Employer Title: