

EAST BAY INNOVATION ACADEMY - SALARY REDUCTION AGREEMENT

This Agreement must be signed by the Employee and received by the Plan Administrator. This Agreement is not effective until approved. This Agreement is irrevocable by the Employee as to any salary or amounts paid, but may be terminated or changed as to salary not yet paid. Compensation to be paid to this Employee shall be reduced by the sum indicated below per pay period starting with the compensation to be paid on the date requested below, or the first available payroll period after all requirements are satisfied.

THIS AGREEMENT SUPERSEDES AND REPLACES ALL PRIOR TSA/403(b) SALARY REDUCTION AGREEMENTS - INCLUDING THE AMOUNT(S), PROVIDER(S), and EFFECTIVE DATE(S).

BLACK INK ONLY

Employee Name: _____ Social Security Number: _____ Date of Birth: _____

Phone (Day) _____ (Home) _____ E-mail: _____

Mailing Address: _____

TSA/403(b) PLAN: ☐ Traditional/Pre-tax Contribution or ☐ ROTH/After-tax Contribution or ☐ Both (write out below)
Mutual of America Platform

- Check Box: ☐ This is to Initiate a New 403(b) Salary Reduction Agreement (Check only if not currently participating)
- ☐ This is to Change the Amount of my currently existing 403(b) Salary Reduction Agreement
- ☐ This is to Change my Company/Provider
- ☐ This is to Terminate my 403(b) Salary Reduction Agreement (Indicate below the Effective Date & Company/Provider Name)
- ☐ There is NO Change to my currently existing 403(b) Salary Reduction Agreement.

Pay-period Amount \$ _____ **Effective with payroll date (mm/dd/yyyy):** _____, 20____.

The Employer in accordance with the Employer's 403(b) Plan transmits the above in the following manner:

\$ _____, _____-Tax, To: _____, Vendor ID#: _____

\$ _____, _____-Tax, To: _____, Vendor ID#: _____

\$ _____, _____-Tax, To: _____, Vendor ID#: _____

Annual SRA (\$ _____ per pay period above x 22 = \$ _____) /Annual Base Salary of \$ _____ = _____ %.

A _____ % Employer pre-tax match, (Max. Employer Match is: _____ of ABS), Pay-period of \$ _____ is approved.

By: _____, _____, **Director** **Dated:** _____

INITIALS

EMPLOYEE ACKNOWLEDGES that Employee has read, understands, and agrees to the terms and conditions set forth on the reverse side of this form. Employee further understands that a termination of salary reduction contributions to a provider that has not complied with or maintained registration in conformance with California law relating to those registration requirements will mean that Employee may not resume contributions later to that non-conforming provider

IN WITNESS WHEREOF, this Agreement has been executed by and on behalf of the parties hereto and the Employee has read and understands the terms and conditions listed on the reverse side of this form.

Employee Signature

Date

ADVISOR / AGENT INFORMATION

Print Name of Agent/Broker

() _____
Telephone

E-mail address