Salary Reduction Agreement

Employer Name/ Plan Name

STEP 1 ACCOUNT HOLDER INFORMATION

First Name | Last Name | M.I.

Home/Legal Street Address (P.O. Boxes **not** accepted) | Apartment/Suite

City | State | Zip

Home Telephone Number | Business Telephone Number | Cellular Telephone Number

Email Address

Marital Status: ❑ Single ❑ Married

Social Security Number | Date of Birth (month | day | year) | Date of Hire (month | day | year)

STEP 2 AGREEMENT

The above named Employee elects to become a participant of the Employer's retirement Plan and agrees to be bound by all the terms and conditions of the Plan. By executing this agreement, Employee authorizes Employer to reduce his or her compensation and have that amount contributed as an elective deferral and/or as a salary reduction contribution to the Roth option if permitted in the Plan, on his or her behalf into the annuity or custodial accounts as selected by Employee. It is intended that the requirements of all applicable state or federal income tax rules and regulations (Applicable Law) will be met. Employee understands and agrees to the following:

1) This Salary Reduction Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect;
2) This Salary Reduction Agreement may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new Salary Reduction Agreement is submitted; and
3) This Salary Reduction Agreement may be changed with respect to amounts not yet paid or available in accordance with Employer's administrative procedures.

Employee is responsible for providing the necessary information at the time of initial enrollment and later if there are any changes in any information necessary or advisable for Employer to administer the Plan. Employee is responsible for determining that the salary reduction amount does not exceed the limits set forth in applicable law. Furthermore, Employee agrees to indemnify and hold Employer harmless against any and all actions, claims, and demands whatsoever that may arise from the purchase of annuities or custodial accounts. Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness, or tax consequences of the purchase of the annuity and/or custodial account described herein. Employee agrees Employer shall have no liability whatsoever for any and all losses suffered by Employee with regard to his/her selection of the annuity and/or custodial account. Nothing herein shall affect the terms of employment between Employer and Employee. This agreement supersedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

Employee is responsible for setting up and signing the legal documents to establish an annuity contract or custodial account. However, in certain group annuity contracts, Employer is required to establish the contract.

Employee is responsible for naming a death beneficiary under annuity contracts or custodial accounts. Employee acknowledges that this is normally done at the time the contract or account is established and reviewed periodically.

Employee is responsible for all distributions and any other transactions with Vendor. All rights under contracts or accounts are enforceable solely by Employee, Employee beneficiary, or Employee's authorized representative. Employee must deal directly with Vendor to make loans, transfers, apply for hardship distributions, begin regular distributions, or any other transactions.

STEP 3 VOLUNTARY SALARY REDUCTION INFORMATION

❑ Initiate new salary reduction	(Complete Section 4 and 5)
❑ Change salary reduction	(Complete Section 4 and 5)
❑ Change Funding of Investment Vendor Provider	(Complete Section 4 and 5)
❑ Discontinue salary reduction	(Complete Section 5)

Fax this form to 813.466.7523 or **mail** to: Aspire, 4010 Boy Scout Blvd., Suite 450, Tampa, FL 33607.
Questions? Call Client Services at 866.634.5873, M - F, 8am - 8pm EST.

STEP 4 DEFERRAL ELECTION & FUNDING VEHICLE

Contribution per Pay Period	Remit to Investment Vendor

1. ❑ _____% ▶ Investment Vendor

- OR -

❑ $_____ Existing Contract/Account Number OR ❑ New Contract/Account Number will be established

(Select ONLY ONE)
Contribution made as a: ❑ Pre- Tax Elective Deferral ❑ Roth Elective Deferral (if applicable)

2. ❑ _____% ▶ Investment Vendor

- OR -

❑ $_____ Existing Contract/Account Number OR ❑ New Contract/Account Number will be established

(Select ONLY ONE)
Contribution made as a: ❑ Pre- Tax Elective Deferral ❑ Roth Elective Deferral (if applicable)

3. ❑ _____% ▶ Investment Vendor

- OR -

❑ $_____ Existing Contract/Account Number OR ❑ New Contract/Account Number will be established

(Select ONLY ONE)
Contribution made as a: ❑ Pre- Tax Elective Deferral ❑ Roth Elective Deferral (if applicable)

4. ❑ _____% ▶ Investment Vendor

- OR -

❑ $_____ Existing Contract/Account Number OR ❑ New Contract/Account Number will be established

(Select ONLY ONE)
Contribution made as a: ❑ Pre- Tax Elective Deferral ❑ Roth Elective Deferral (if applicable)

STEP 5 SIGNATURES & AUTHORIZATIONS

I certify that I have read this complete agreement and provided the information necessary for my Employer to administer the Plan and that my salary reductions will not exceed the elective deferral or contribution limits as determined by Applicable Law. I understand my responsibilities as an Employee under this Program, and I request that my Employer take the action specified in this agreement. I understand that all rights under the annuity or custodial account established by me under the Program are enforceable solely by my beneficiary, my authorized representative or me.

▶ Employee Signature

Date (month | day | year)

TO BE COMPLETED BY THE EMPLOYER AND/OR THIRD PARTY ADMINISTRATOR

Employer hereby agrees to this Salary Reduction Agreement:

Print Name Title

▶ Employer Signature

Date (month | day | year)

Third Party Administrator verifies this Salary Reduction Agreement

Print Name Title

▶ Third Party Administrator Signature

Date (month | day | year)

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