AEA Valuebuilder Program — ALABAMA EDUCATION ASSOCIATION

SECURITY BENEFIT℠

Salary Reduction Agreement

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, 2, 5 and any of the following that apply:

- Section 2 for 403(b) or 403(b)(7)
- Section 3 for 457

Please type or print.

1. Provide General Account Information

Contract/Account Number_____ Employer Name _____

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 – 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 $_____
- ☐ After-Tax Roth Contribution $_____

☐ 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 $_____

☐ Please stop my contributions to _____ **X** _____
Current Provider Signature

☐ I choose not to contribute at this time.

Please Continue ➲

3. 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 $_____

☐ Catch-up Amount* $_____

Total $_____

☐ Please stop my contributions to _____ X _____
Current Provider Signature

☐ 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)

4. 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 Owner/Participant Date (mm/dd/yyyy)

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

X_____ _____
Signature of Representative (if applicable) Date (mm/dd/yyyy) Print Name of Representative (if applicable)

For employer use only:

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

Educator Benefits Corporation
P.O. Box 5603
Montgomery, AL 36103