457(b) Salary Reduction Agreement

1 Personal Information

Participant Name | Company Name

Mailing Address City, State, Zip Code | Phone Number

Date of Birth | Date of Hire | Email Address | Social Security Number

2 Salary Reduction

The Salary Reduction Agreement (SRA) is utilized to establish, change or cancel salary reduction withheld from your paycheck and contributed to the 457(b) plan on your behalf. Please check the appropriate boxes listed below and list the beginning of the month in which you intend your contributions to begin under the Effective Date. To change, begin, or cancel contributions, enter your desired amount(s) and investment provider(s). **This SRA will cancel and replace any previously submitted 457(b) SRA. You must list all new and existing 457(b) deductions on this SRA or they will be cancelled.** The salary reductions identified in the space below will be the only deductions performed starting on the Effective Date.

Investment Provider Name*	Monthly Dollar or Percentage Amount	Type of Deferrals			Requested Action		Effective Date**
		457(b)	Roth 457(b)	Other			
	$ or %	☐	☐	☐	☐New ☐Change	☐Existing ☐Cancel	1, 2021
	$ or %	☐	☐	☐	☐New ☐Change	☐Existing ☐Cancel	1, 2021
	$ or %	☐	☐	☐	☐New ☐Change	☐Existing ☐Cancel	1, 2021

Total Monthly Contributions _____

*Please Note: Certain investment providers may not pay the administration fee. **If you select an investment provider that does not pay the administration fee, the fee will be deducted and paid from your salary reduction amount.** Please refer to the approved vendor list at www.nbsbenefits.com/403b for a current listing of providers that have agreed to cover the fee.

**Please submit the SRA to NBS 5 business days prior to the SRA due date to ensure your contributions begin as you intended.

3 Agent Information

Agent Name | Agent Phone Number

Agent Email Address | Agent Fax Number

4 Employee Approval

I understand and agree to the following:

1. This Salary Reduction Agreement (Agreement) is an agreement between me and my employer which I have entered into voluntarily.
2. This Agreement supersedes and replaces all prior Salary Reduction Agreements.
3. The Agreement is legally binding and irrevocable with respect to amounts paid or available while this agreement is in effect.
4. The Agreement may be terminated or modified at any time for amounts not yet paid or available.
5. Nothing herein shall affect the terms of employment between the Employer and myself.
6. This Agreement shall automatically terminate if my employment is terminated.
7. If the Salary Reduction Agreement is received less than 5 business days prior to the SRA due date, it is not guaranteed to be processed for that SRA due date.

I authorize the automatic cancellation of this Salary Reduction Agreement in the event of any of the following: (1) if either my employer or National Benefit Services, LLC (my employer's third-party administrator) believe additional contributions will cause me to exceed limits under Code Section 415 or 402(g), (2) if I take a hardship distribution, if available, or (3) I take an unforeseeable emergency distribution, if available.

I have read and understand the information contained on page 1 of this Agreement. I understand that by making this application the release of my confidential information to third parties may occur as necessary to administer the Plan in accordance with the Internal Revenue Code.

Employee Signature | Date

PO Box 6980, West Jordan, UT 84084 • (800) 274 0503 ext 5 • Fax (800) 597-8206 • www.NBSbenefits.com