

**SALARY REDUCTION AGREEMENT**  
Tax Sheltered Annuity Program (TSA)

- [ ] Start new deduction. Requires enrollment form or agent signature; see bottom of page.
- [ ] Resume deduction to a still active account, previously stopped
- [ ] Stop current TSA deduction to: \_\_\_\_\_ and start deductions to newly designated TSA Investment Company as designated below.
- [ ] Stop deduction. Enter \$0.00 (zero) in box marked "amount per pay period" below.

***Do NOT use this form to change a contribution amount.***

***Go to ASUInteractive/Employee Self Service/Benefits/Benefits Summary/highlight your TSA and follow the prompts.***

EMPLOYEES FULL NAME	AFFILIATE NUMBER	SOCIAL SECURITY NUMBER
EMAIL ADDRESS	PHONE NUMBER	

Pursuant to the resolution entitled "Resolution Adopting Annuity Contracts Program" adopted by the Arizona Board of Regents (ABOR), I hereby authorize Arizona State University to reduce my future salary and purchase on behalf a non-forfeiture 403(b) annuity contract as described below:

NAME OF INVESTMENT COMPANY (Must be approved TSA vendor.)	AMOUNT PER PAY PERIOD	BEGINNING DATE* (check appropriate box)
	\$	<input type="checkbox"/> First Day of Following Pay Period <input type="checkbox"/> Other Future Pay Date: _____ (please specify)

\*Beginning date must be on or after the first day of the next pay period following receipt of this form by ASU Human Resources.

**This Salary Reduction Agreement (SRA) is a legally binding contract.** I understand that this SRA will remain in effect during my continued employment unless I submit a new SRA, with my signature, authorizing termination or change to this contract. Any written termination or new SRA will be effective only with respect to amounts earned on and after the first day of the next pay period following receipt by ASU Human Resources Employee Service Center. ASU reserves the right to stop, or suspend, salary reductions on behalf of the Participant at any time, when it has reason to believe the annual maximum exclusion allowance level has been reached pursuant to IRS Code Section 403(b)(2) and as amended by the EGTRR Act of 2001.

It is further agreed and understood that ASU shall not be obligated to pay any amount to said company in excess of amount then due from ASU to the employee.

It is also further agreed and understood that ASU shall not be responsible or liable for any taxes and/or penalties which may be levied against the employee if the stated amount of salary reduction exceeds the maximum allowable deductions, as set forth in applicable IRS Codes.

I agree to be bound by the aforementioned Resolution and by such later and reasonable regulations as may be adopted by the Arizona Board of Regents.

EMPLOYEE SIGNATURE	DATE SIGNED
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**Forms will not be processed without employee's signature.**

<b>New Account.</b> Agent signature required except when TIAA/CREF or Fidelity New Account Enrollment form is attached. Agent must be on the Arizona State University approved TSA agent list or SRA will be voided.		
Agents Printed Name	Phone Number	Agents Signature

<b>Maximum Exclusion Allowance Certification.</b> To be completed by authorized agent (signature required above) or participant may attach copy of MEA n lieu of agents signature.		
Maximum Exclusion Allowance	Name Of Investment Co. (Must Be Same As Noted Above.)	Date
\$		

ASU HUMAN RESOURCES USE ONLY: Date Rec'd: _____	Entered (date/initials): _____
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