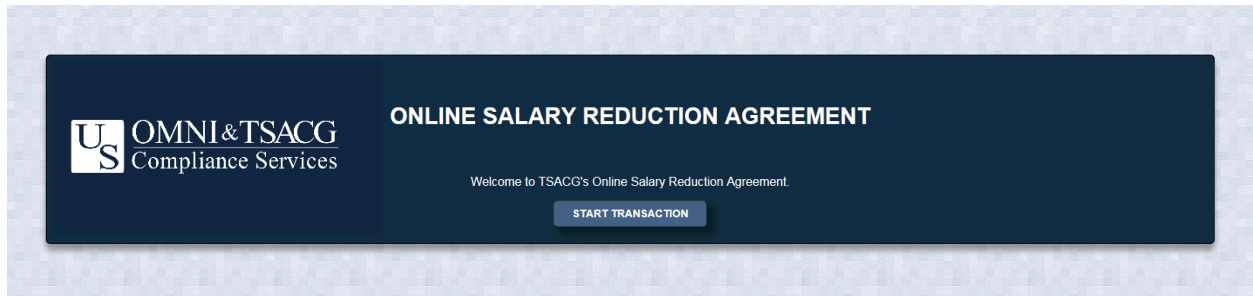


Open Access w/Multi-Factor Authentication – Online Salary Reduction Agreement Overview

Please review the following information for completing the online 403(b) Salary Reduction or 457(b) Participation Agreement process.

1. Before completing the online Salary Reduction Agreement process, you MUST have an account established with the authorized Investment Provider of your choice.
2. Navigate to the secure website <https://sra.tsacg.com>.



3. **Note that the SRA information entered via the online system will supersede and replace all prior 403(b) and/or 457(b) elections including the amounts, investment providers, and effective dates. Any election(s) you want to continue must be reflected or the election will be stopped.**
4. Employee Certification – You must confirm that you are eligible to participate in your employer’s plan. You will also be confirming that you have established your account under your employer’s plan with one of the Authorized Investment Providers. Click “Confirm” and then click “Submit”.

The screenshot shows a form titled 'Part 1: Employee Certification'. The text reads: 'I certify that I am an eligible participant in my employer's plan and the information provided in conjunction with this salary reduction request is true and accurate to the best of my knowledge. Further, I certify that I have an open account with the investment provider(s) referenced herein and that it was established while working for my current employer. I understand if the account was not established while working for my current employer that my contribution (s) may not be accepted by my investment provider(s). I understand questions regarding the employer associated with my account should be directed to my financial advisor or my investment provider.' Below this is a line with 'I have read and understand the information above.*' followed by a radio button and the word 'Confirm'. At the bottom, there are three buttons: 'SUBMIT', 'RESTART', and 'CANCEL'. A small asterisk note at the bottom left states: '* You must confirm you have read and understand the information above to continue with the Salary Reduction Agreement process.'

Employer and Participant Information – Once you enter the requested information, a Verification Code request will appear. The system will generate a code which will be sent to your employer-issued email address. Once the verification code is entered, you will need to click “Submit”. Be prepared to enter the following information:

- Employer’s State
- Employer’s Name
- Employee’s Social Security Number
- Employee’s Date of Birth

Part 2: Employer Information

* Employer State * Employer

If you cannot find the employer's state or employer's name above, please contact the SRA Processing department at 888-796-3786 option 5 to determine if the employer allows online Salary Reduction Agreements.

Part 3: Participant's Information

Social Security Number **OR** Employee Number

AND Date of Birth

Verification Code

The employer requires a verification code to be sent to the email address they have provided for you for identity verification. The verification code has been sent to @ap***.u**. Please enter the code below.

Code:

Need a new code? Click [Resend](#)

Do not have access to the email address? Click [here](#)

571058-795152-536666

If you have previously entered SRA information or U.S. OMNI & TSACG Compliance Services (OMNI/TSACG) has your demographic information archived in their system, most of your personal information will pre-populate. If your information is not currently in OMNI/TSACG's system, you will be able to add your record. Depending on the information displayed, be prepared to enter the following information:

- Employee's Name, Address, and Telephone Number

Part 3: Participant's Information

Social Security Number **AND** Date of Birth

<p>Personal Information</p> <p>* First Name <input type="text" value="Sample"/></p> <p>Middle Name <input type="text" value="A"/></p> <p>* Last Name <input type="text" value="Participant"/></p> <p>Hire Date <input type="text" value="05/12/2018"/></p> <p>Employer Termination Date <input type="text"/></p> <p>* Has the participant terminated employment with this employer? <input type="radio"/> No <input type="radio"/> Yes</p>	<p>Contact Information</p> <p>* Address <input type="text" value="15 Yacht Club Dr NE"/></p> <p>* City <input type="text" value="Fort Walton Beach"/></p> <p>* State <input type="text" value="FL"/></p> <p>* Zip Code <input type="text" value="32548"/></p> <p>* Phone Number <input type="text" value="(850)244-7306"/> Ext. <input type="text"/></p> <p>Email <input type="text" value="Sample@Email.Com"/></p> <p>Alternate Email <input type="text"/></p>
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5. Salary Reduction Agreement Information – You have the ability to start, change, or stop contributions. If you want to maintain an existing contribution(s), you will need to enter the information for that contribution in addition to any other changes you are making. Be prepared to enter the following information:

- Effective Date of the contribution(s)
- The total dollar amount per pay period for all contributions

- The investment provider(s) to whom you would like to contribute
- The Plan type
- The amount of a previous contribution, if any – not required to submit
 - This information can be found on your pay check stub. You can also call OMNI/TSACG (contact information provided at the bottom of these instructions), or by checking with your investment provider directly
- The new amount of your contribution

Part 4: Salary Reduction Agreement Information

Salary Reduction Agreement Information

Effective Date

Dollars Percent

Total Per Pay Dollar Amount \$

Total Per Pay Amount above must match SRA Total below.

403(b) Contributions

Investment Provider	Plan Type	Previous Amount	New Amount	
<input type="text" value="Select Investment Provider"/>		\$ 0.00	\$ 0.00	<input type="button" value="Remove"/>
<input type="button" value="Add"/>				
403(b) Contributions Total				\$ 0.00

457(b) Contributions

Investment Provider	Plan Type	Previous Amount	New Amount	
<input type="text" value="Select Investment Provider"/>		\$ 0.00	\$ 0.00	<input type="button" value="Remove"/>
<input type="button" value="Add"/>				
457(b) Contributions Total				\$ 0.00

SRA Total \$ 0.00

* Must Equal Total Per Pay Amount

6. Salary Reduction Agreement Terms and Disclosures – Once you have clicked *Finished*, you will be asked to read and confirm that you have read the SRA terms. You will also be asked to acknowledge the SRA disclosures.

Part 5: Salary Reduction Agreement Terms

403(b) Salary Reduction Agreement Terms

This agreement shall be legally binding and irrevocable with respect to amounts earned while the Agreement is in effect, and any termination of this Agreement shall be effective only with respect to amounts not yet earned at the time of said termination. It is provided that this reduction does not exceed the Employee's statutory limits under Section 402(g) or the limitation of Section 415 of the Internal Revenue Code. This limits the total allowable salary reduction to all Companies to which salary reduction contributions can be made. It is understood that the amount specified will be forwarded to the Company listed above provided that the Employee has sufficient earnings during the immediately preceding pay period to accommodate the requested reduction.

I hereby authorize my Employer to reduce or suspend any contributions established by this agreement, if in its opinion, the total annual contributions would exceed my Maximum Allowable Contribution in any calendar year.

The Employee is responsible for the accuracy of the excludable amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary reduction agreement, or any other violation of the requirement of section 403(b) could result in additional taxes, interests, and penalties to the Employee.

It is the intent of the parties that the non-forfeitable retirement deferred annuity or custodial contract pursuant to this Agreement shall qualify for the Federal Income Tax benefits provided for in Section 403(b) of the Internal Revenue Code, as amended. Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of this Agreement by the Employee and Employer.

This agreement may be terminated by either the Employer or Employee upon thirty (30) days notice to the Company and to the Employer or Employee as applicable.

I acknowledge that in accordance with my Employer's Third Party Administration (TPA) fee arrangement, I may be responsible for paying an annual TPA fee. Information regarding this fee, if applicable, can be found on my Employer's page at <https://www.tsacg.com/individual/plan-sponsor/>.

I have read and agree to the terms above.

Part 6: Disclosures

By checking this box you agree to the following:

This SRA will supersede and replace all prior 403(b) and/or 457(b) elections including the amounts, investment providers, and effective date. Any contributions you want to continue must be re-entered or the deduction will be stopped.

I certify that all the information provided in conjunction with this salary reduction request is true and accurate to the best of my knowledge. I understand that misrepresentations or incorrect information may delay or cause the request to be declined. TSA Consulting Group, Inc. (TSACG) understands that your personal information and privacy are important, and we make every effort to ensure that the information you submit for a salary reduction is recorded accurately, retained securely, and used only for the purpose intended. Please note that relevant information about your salary reduction request may be shared with, and between, your employer, your 403(b)/457(b)/401(a) investment provider(s), and TSACG.

7. Submitting your SRA – After completing the terms and disclosures sections, you will be asked to confirm that you are not a robot, and then you can submit your SRA. Your contribution information will be forward to us, and you can print a copy of the SRA for your records.



Providing your account(s) is established with your investment provider, no further action is required.


Part 6: Disclosures

By checking this box you agree to the following:

This SRA will supersede and replace all prior 403(b) and/or 457(b) elections including the amounts, investment providers, and effective date. Any contributions you want to continue must be re-entered or the deduction will be stopped.

I certify that all the information provided in conjunction with this salary reduction request is true and accurate to the best of my knowledge. I understand that misrepresentations or incorrect information may delay or cause the request to be declined. TSA Consulting Group, Inc. (TSACG) understands that your personal information and privacy are important, and we make every effort to ensure that the information you submit for a salary reduction is recorded accurately, retained securely, and used only for the purpose intended. Please note that relevant information about your salary reduction request may be shared with, and between, your employer, your 403(b)/457(b)/401(a) investment provider(s), and TSACG.

  [Privacy](#) [Terms](#)

 **ONLINE SALARY REDUCTION AGREEMENT**

Welcome to TSACG's Online Salary Reduction Agreement.

Your Salary Reduction Agreement (SRA) request has been received. Your SRA will be processed as soon as administratively possible based on your Employer's payroll processing schedule.

Click [here](#) to download your SRA forms.

Should you have any questions regarding the process, please contact OMNI/TSACG's SRA Department at 888.796.3786, option 5.