

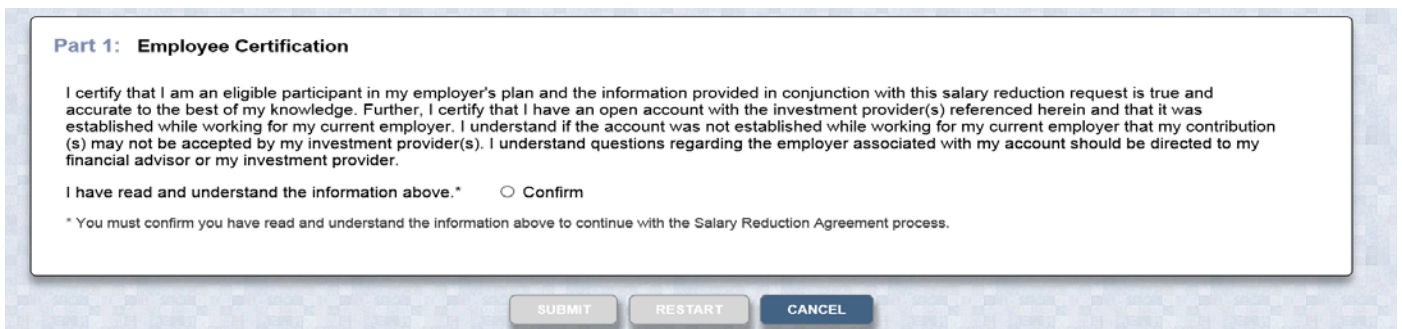
Open Access - Online Salary Reduction Agreement Overview

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 403(b) or 457(b) 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".



Employer and Participant Information – 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:

- Employer's State
- Employer's Name
- Employee's Social Security Number
- Employee's Date of Birth
- Employee's Name, Address, and Telephone Number

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:

Personal Information

* First Name:

Middle Name:

* Last Name:

Hire Date:

Employer Termination Date:

Contact Information

* Address:

* City:

* State:

* Zip Code:

* Phone Number: Ext:

Email:

Alternate Email:

* Has the participant terminated employment with this employer? ☐ No ☐ Yes

5. Salary Reduction Agreement Information – You can 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 paycheck stub. You can also call OMNI/TSACG (contact information provided at the bottom of this communication), or by checking with your investment provider directly.
- The new amount of your contribution

Salary Reduction Agreement Information

Effective Date

☒ Dollars

Total Per Pay Dollar Amount \$

Total Per Pay Amount above must match SRA Total below.

1. 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.

2. If you are contributing to multiple accounts with the same investment provider please reflect that provider only once in the grid below and indicate the total of all contributions. You will then need to ensure your provider receives instructions from you/your advisor detailing how the contributions should be allocated.

403(b) Contributions

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

*** SRA Total** \$ 0.00

* Must Equal Total Per Pay Amount

[FINISHED](#)

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.
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. OMNI/TSACG will forward your contribution information to your employer, 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.

ONLINE SALARY REDUCTION AGREEMENT

Welcome to the U.S. OMNI & TSACG Compliance Services Online Salary Reduction Agreement.

[START TRANSACTION](#)

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 and verification that your account has been established and is ready to receive funds with your investment provider.

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

[FINISH](#)

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