



Salary Reduction Agreement

This form must be faxed (or mailed) to ISC Group at 214-520-3203
Do not forward to the educational institution.

Employer: _____

Employee Name: _____ e-mail address: _____

Mailing Address: _____

City/State/Zip: _____

Home Phone # _____ Date of Hire: _____ Salary: _____

Date of Birth: _____ Social Security No. _____

Salary Reduction - Start Date: ____/____/____ End Date: ____/____/____

403(b) or 457(For ISC use only)

PLEASE LIST ALL PROVIDERS (NEW AND EXISTING) AND MONTHLY CONTRIBUTIONS

(Check the boxes that apply)

Provider Name \$ _____ New Existing Terminate Change
Contribute Monthly

Provider Name \$ _____ New Existing Terminate Change
Contribute Monthly

Provider Name \$ _____ New Existing Terminate Change
Contribute Monthly

TOTAL MONTHLY CONTRIBUTIONS _____ TOTAL ANNUAL CONTRIBUTIONS _____
(ALL COMPANIES) (FOR CURRENT CALENDAR YEAR)

X _____ Employee is aware that distributions from 403(b) plans made prior to age 59 1/2 may be subject to a 10% IRS penalty tax.
Initial

X _____ If investing in an annuity contract, the employee acknowledges receipt of the 5 page TRS Disclosure Form that discloses all fees and
surrender charges. (This form may be required by ISC Group upon request)
Initial

If you are participating in the 50+ Catch-Up, please provide your date of birth _____
Please note: If you are currently eligible for the 15 year Catch-Up and the 50+ Catch-Up, the 15 year Catch-Up option must be utilized first

Therefore it is agreed:
*The employee's salary will be reduced by the employer
*It is understood and agreed between the employee and employer that such contract is to be purchased at the request of the employee. The employee will hold the employer harmless against any and all claims related to the purchase of this investment. Investment company will also hold the employer harmless against all and any claim resulting from the purchase of this investment. Representative of investment company will hold the employer harmless from all and any claims resulting from the purchase of this investment.

Participant's Signature _____ Date _____

Representative's Name (Print) _____ Date _____

Please fax or mail this form to:
ISC Group, Inc.
Attn: TPA Services Dept.
3100 Monticello Avenue, Ste. 800
Dallas, TX 75205
Phone: 214-520-1115
Fax: 214-520-3203

Representative email address _____
Representative's Signature _____ Phone Number _____
(Not Required) (Solicitors agreement is up-to-date)

Any rejected SRA will be destroyed. Employees will be informed of rejected SRA's via email. Representatives may forward questions and/or concerns to info@iscplans.com

