

THE SCHOOL DISTRICT OF PHILADELPHIA

SALARY REDUCTION AGREEMENT (SRA)

403(b) PLAN

Employees: Please complete the below and fax it to the Benefits office at (215) 400-4631 or benefits@philasd.org

Required Participant Information

SECTION I: Participant Information	Employee Name (Printed)	Employee ID 00000-	Last four digits of SSN
	Daytime Phone Number	E-mail Address (to receive an e-mail confirmation)	

SECTION II: Begin/Change/Stop	Effective Date: <input type="checkbox"/> As soon as possible OR <input type="checkbox"/> Later <u> </u> / <u> </u> / <u> </u> (Check date)	
	Traditional 403(b) (Pre-Tax)	Roth 403(b) (After-Tax)
	I WANT TO: <input type="checkbox"/> BEGIN contributions <input type="checkbox"/> CHANGE contribution <input type="checkbox"/> <u>Amounts and/or</u> <input type="checkbox"/> <u>Company(ies)</u> <input type="checkbox"/> STOP contributions	I WANT TO: <input type="checkbox"/> BEGIN contributions <input type="checkbox"/> CHANGE contribution <input type="checkbox"/> <u>Amounts and/or</u> <input type="checkbox"/> <u>Company(ies)</u> <input type="checkbox"/> STOP contributions
	Complete the section below only if you have selected to <u>begin</u> or <u>change</u> contributions	Complete the section below only if you have selected to <u>begin</u> or
	Deduct \$ <u> </u> total per paycheck	Deduct \$ <u> </u> total per paycheck
	<input type="checkbox"/> All or <input type="checkbox"/> <u> </u> %* to Corebridge Financial	<input type="checkbox"/> All or <input type="checkbox"/> <u> </u> %* to Corebridge Financial
	<input type="checkbox"/> All or <input type="checkbox"/> <u> </u> %* to Equitable Advisors	<input type="checkbox"/> All or <input type="checkbox"/> <u> </u> %* to Equitable Advisors
	<input type="checkbox"/> All or <input type="checkbox"/> <u> </u> %* to Lincoln Investment Planning	<input type="checkbox"/> All or <input type="checkbox"/> <u> </u> %* to Lincoln Investment Planning
	<p>*Splitting contributions among multiple vendors: If you want to contribute to <u>more than one company</u>, the dollar amount will be split based on the designated percentage. Percentages must be a <u>whole number</u> and the total among selected vendors must add up to 100%.</p>	

SECTION III: Agreement	As an Employee of The School District of Philadelphia (the "District"), I hereby authorize the District to remit my contributions to the District's 403(b) Plan as indicated above.
	<p><u>This agreement terminates any prior salary reduction agreement executed by me and submitted to the District with respect to the 403(b) Plan. This agreement shall continue indefinitely until amended or terminated by either party by giving at least thirty (30) days advance written notice. I acknowledge that my participation in the 403(b) Plan will terminate upon my separation from service with the District.</u></p> <p>I acknowledge that I may contribute only amounts that have not already been paid or made available to me by the District. I agree and acknowledge that contributions shall not exceed applicable limits under the Plans in which I am a participant or under federal law and that the District may limit contributions in order to comply with federal law and the 403(b) Plan document. I hereby direct that any contributions in excess of such limits be returned to me in accordance with the provisions of the Plan in which I am a participant and the governing legal requirements.</p> <p>I further agree and acknowledge that contributions I make under this agreement shall be subject to the provisions of the respective Plans and that the District may impose additional administrative rules and procedures.</p>
	_____ Employee Signature
	_____ Date