

# Supplemental Retirement Accounts (SRA) Salary Reduction Agreement

**Section I: Personal Information and Election (Incomplete information will delay processing of request)**

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
 print or type employee's name (last, first, middle initial) (e-mail address) (OSU employee ID#--required)  
 request the following amount be deducted from my pay, submitted to the stated supplemental retirement account (SRA) program provider and to be effective on and after \_\_\_\_\_, 20\_\_\_\_ (payday to be affected<sup>1</sup>). I am paid  monthly  biweekly.  
<sup>1</sup>Note: 457(b) elections begin the month after the election is made.

**Section II: Reason for Completing Form**

This SRA agreement is for the following SRA plan(s).

- 403(b) plan**
  - Deduct \$ \_\_\_\_\_ .00 per pay
    - New 403(b) agreement with \_\_\_\_\_  
 (403(b) provider name)  
 I have no prior 403(b) agreement currently in effect with any provider.
    - Change in 403(b) contribution with current 403(b) provider.
    - Change in 403(b) provider (with or without a change in salary reduction amount). Contributions to: \_\_\_\_\_  
 (current provider)  
 will stop and future contributions will be made to: \_\_\_\_\_  
 (new 403(b) provider)
    - Termination of 403(b) agreement with \_\_\_\_\_  
 (403(b) provider)

- 457(b) plan**
  - Deduct \$ \_\_\_\_\_ .00 per pay
    - New 457(b) agreement with \_\_\_\_\_  
 (457(b) provider name)  
 I have no prior 457(b) agreement currently in effect with any provider.
    - Change in 457(b) contribution with current 457(b) provider.
    - Change in 457(b) provider (with or without a change in salary reduction amount). Contributions to: \_\_\_\_\_  
 (current provider)  
 will stop and future contributions will be made to: \_\_\_\_\_  
 (new 457(b) provider)
    - Termination of 457(b) agreement with \_\_\_\_\_  
 (457(b) provider)

**Ohio State Approved 403(b) Providers**  
 Ameriprise Financial, Inc.                      ASPire Financial Services, LLC  
 AXA/Equitable Life Ins. Co.                      Fidelity Investments  
 FTJ Fund Choice                                      ING Financial Advisers  
 Lincoln Financial Group                              Metropolitan Life Ins. Co.  
 T. Rowe Price Retirement Plan Services, Inc.      The Legend Group  
 TIAA-CREF    VALIC

**Ohio State Approved 457(b) Providers**  
 ING Financial Advisers Lincoln Financial Group  
 TIAA-CREF VALIC  
 Ohio Public Employees Deferred Compensation Program (Do NOT use this form; contact ODCP directly to arrange account and deduction changes.)

**Program Guidelines and Certification Statement**

This Agreement is made by and between the employee, The Ohio State University (university), and the SRA provider. The parties agree that:  
 1. Effective as of the later of (a) the date specified in Section I above and (b) the date permitted under the terms of the applicable SRA plan. The university shall reduce the employee's compensation each pay period by the stated amount.  
 2. The university agrees to remit this amount to the stated SRA provider for the purchase of a retirement annuity contract or fund shares, as applicable, according to the terms of the applicable SRA plan. The employee must also establish an account directly with the SRA provider by submitting the necessary application.  
 3. This salary reduction is only for the purposes authorized by the Internal Revenue Code (IRC) and the tax laws of the State of Ohio. The reduction in salary provided for in Section II shall not be considered in calculating deductions for either the State Teachers Retirement System of Ohio (STRS), Ohio Public Employees Retirement System (OPERS), Ohio Alternative Retirement Plan (ARP), Medicare tax, or for city or municipal income tax, nor shall such reduction be considered in determining any salary adjustment due to absence.  
 4. This election will not be effective until the account is opened with the provider.  
 This Agreement is subject to the terms and conditions of the applicable SRA plan(s), and shall remain in full force and effect during the continued employment of the employee unless a hardship withdrawal is obtained, the IRS limit is reached, or unless terminated in writing by either party, or amended by proper submission of a revised Agreement by the employee.

**Section III: Employee Authorization**

By signing this Agreement, I agree to the above stated program guidelines and that in the event of an adverse ruling by the Internal Revenue Service concerning my or the university's federal income tax liability arising out of my election to participate in the programs of the aforementioned provider, it will be my responsibility to satisfy any federal income tax deficiency, including interest and penalties, assessed against me and/or the university. I have provided the SRA provider with the necessary information to determine my contribution limits and I agree to advise the SRA provider of any changes in my status that may affect my contribution limits in the future.

\_\_\_\_\_  
 (Employee Signature) (Date) (Daytime Phone Number) (E-mail Address)

**Return completed form to:** Office of Human Resources, Benefits Processing/SRA, 1590 North High Street, Suite 300, Columbus, OH 43201-2190 or fax to (614) 292-7813. **Retain a copy for your records.**