

**TEAM Retirement Savings Plan (403b) Salary Reduction Agreement
for Full Time Staff Employees**

I. Participant Information

Employee's name: _____

Social Security or TEAM Account #: _____

II. Enrollment / Change Information (Please check one)

New Enrollment Change Elections or Discontinue Participation Effective: _____

Changes may be made monthly. Revised Salary Reduction Agreement changes take effect in the first pay of each calendar month, or in the first pay of the effective month indicated above, provided your new form is received no later than the 3rd of the month in which it's to take effect.

III. Participant Elections. I authorize TEAM to deduct the following amount from my compensation and contribute the amount to my 403(b) Retirement Savings Plan account:

A. Salary reduction/deferral amount. TEAM will withhold from my compensation (and treat as my deferrals) the following amount:

Dollar amount. \$_____ per pay period (24 per year). The amount must be a whole dollar amount and may not be less than the equivalent of \$10.00 per month.

Zero. I do not wish to defer any amount. I hereby terminate my prior Salary Reduction Agreement.

B. Type of deferral. I elect to make (if in A above you elected a deferral amount other than zero, you must check 1 and only 1 of the 3 boxes below):

Regular 403(b) deferrals (pre-tax). All of my deferrals as Regular 403(b) deferrals. I understand the amount of deferrals I have elected in this Salary Reduction Agreement will reduce my current compensation which is includible in income for the taxable year of the deferral.

Roth 403(b) deferrals (after-tax). All of my deferrals as Roth 403(b) deferrals. I understand the amount of deferrals I have elected in this Salary Reduction Agreement will NOT reduce my current compensation which is includible in income and that my deferrals will be includible in income for the taxable year of the deferral.

Split deferral election. A portion of my deferrals as Regular 403(b) deferrals and a portion of my deferrals as Roth 403(b) deferrals, as follows (if you check the "Split deferral election" box, complete both blank lines in the following statement):

\$_____ per pay as Regular 403(b) deferrals, AND \$_____ per pay as Roth 403(b) deferrals.
(In both blanks indicate at least \$5.00 and specify a whole dollar amount. The total must agree with the amount stated in A. above.)

I UNDERSTAND: (1) MY ELECTION REGARDING THE TYPE OF DEFERRALS IS IRREVOCABLE ONCE THE EMPLOYER WITHHOLDS THE DEFERRALS FROM MY PAY; AND (2) ANY CHANGE OF ELECTION REGARDING THE TYPE OF DEFERRALS IS EFFECTIVE ONLY FOR DEFERRALS FROM MY PAY AFTER THE PLAN ADMINISTRATOR ACCEPTS MY CHANGE OF ELECTION.

I UNDERSTAND I HAVE A DUTY TO REVIEW MY PAY RECORDS (PAY STUB, ETC.) TO CONFIRM THE EMPLOYER PROPERLY IMPLEMENTED MY SALARY REDUCTION ELECTION. FURTHERMORE, I HAVE A DUTY TO INFORM THE PLAN ADMINISTRATOR IF I DISCOVER ANY DISCREPANCY BETWEEN MY PAY RECORDS AND THIS SALARY REDUCTION AGREEMENT. I UNDERSTAND THAT MY FAILURE TO REPORT ANY DISCREPANCY MAY RESULT IN A LOSS OF OR REDUCTION IN MY ABILITY TO DEFER.

Signature of Employee (may not be typed name)

Date

RETURN THIS FORM TO TEAM'S BENEFITS COORDINATOR at benefits@team.org
(Keep a copy for your records)

Rec'vd: _____ Effective: _____ GS/Mfile: _____ APS: _____ Cp to payroll: _____