MidAmerica
Administrative & Retirement Solutions, Inc.
211 East Main Street, Suite 100, Lakeland, FL 33801
866.873.4240 / 863.688.4500 / (FAX) 863.688.4466
www.midamerica.biz

MILWAUKEE AREA Technical College

Questions? Call our Service Center at 1-866-873-4240 403(b) Retirement Savings Plan

Salary Reduction Agreement

Complete this form and mail or fax to MidAmerica at the address above. Please type or print.

Employee Data		
Name:	Social Security #:	
Street:		
City:	State:	ZIP:
Date of Birth:	Daytime Phone #: ( )	
Date Last Employed:	Evening Phone #: ( )	

Set Up Salary Reduction – 403(b)

Complete this section to set up or change contributions to your 403(b) Account. Please note that the maximum amount of salary that can be reduced may not exceed the limits of the Internal Revenue Code. If you are making catch-up contributions a copy of the calculation must be provided with this Salary Reduction Agreement.

☐ Deduct from my Salary: $_____ or _____% per pay period.
full-time employees part-time employees

☐ Please stop my contributions.

Investment Provider

☐ AIG Retirement
☐ Dean Muller Group
☐ Fidelity
☐ ING Retirement
☐ Mutual of America
☐ TIAA-CREF

Provide Signatures

This Salary Reduction Agreement is irrevocable with respect to amounts earned while it is in effect and applies only to amounts earned after the agreement becomes effective. 403(b) deferrals can start no earlier than the first pay period following the date this agreement is signed.

Deferrals start on _____
(mm/dd/yyyy)

Pre-Tax Contributions will be first made up to the limit for Pre-Tax Contributions. They then will be used towards the Special Catch-Up Contribution limits, and finally towards the Age 50 Catch-Up Contribution. The maximum contributions may be reduced by contributions to other employer plans.

This Salary Reduction Agreement will continue until amended or terminated. This agreement supersedes all prior salary reduction agreements and shall automatically terminate with severance from employment.

The Employee agrees that the Employer shall have no liability whatsoever for any loss suffered by the Employee with regard to his/her selection of a provider, or the solvency of the operation of, or benefits provided by, said provider.

IN WITNESS THEREOF, this agreement has been executed by the parties hereto this ____ day of _____, 20____.

X_____
Signature of Employee Date (mm/dd/yyyy)

X_____ _____
Signature of Representative Date (mm/dd/yyyy) Print Name of Representative

Mail to: MidAmerica Administrative & Retirement Solutions, Inc.
211 E Main Street, Suite 100 • Lakeland, FL 33801
Fax to: 863-688-4466