

Salary Reduction Agreement

Please use this form to start, change or stop your salary reduction contributions to your retirement account. Complete and return to PERA Administrators at Support@peraadministrators.com or fax to 725.485.4857

Employer Name:									
Employee Name:				Social Security Number:					
Address									
City:		State:			Zip Coc	Zip Code:			
Date of Birth:		Email Address:			Phone:	Phone:			
Agent Name:		Agent Email:			Agent (Agent Phone:			
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Please complete the sections below to let us know more about your desired change. Note that this SRA will replace all previously submitted SRAs. The IRS limits the amount a participant may contribute to a retirement account to the current year's 402(g) limit. If you are over the age of 50, you may be eligible to make additional contributions over this amount. All contributions should be listed below, current, new additional contributions, and/or any changes, otherwise they will be cancelled. I have Type of Deferrals Requested Action									
Investment Provider Name	established an account with this vendor	Monthly Dollar Amount	Pre-Tax 403(b)	Roth 403(b)	New	Change	Cancel	Effective Date	
		\$							
		\$							
		\$							
		\$							
Total Monthly Contributions									
By signing you agree that this information is accurate and that you have an established account with the investment provider listed.									
Employee Signature						Date			