

Employee Instructions:

1. Complete the Employee sections regarding "Name," "Email Address," "Mailing Address" and "Work Location." Select the number of payrolls that you, the employee, receive during a calendar year.
2. Enter your "I.D. Number" and/or "Social Security Number" in the boxes provided.
3. Mark the box that corresponds with the type of SRA you are submitting: "Original Agreement" or "Amendment to a Previous Agreement."
4. (a) Enter the info for ALL your new and/or existing accounts (you may have only one account or multiple accounts).
NOTICE: Any SRA accounts not listed will be automatically terminated.
(b) In addition to entering the company name, the employee and/or agent MUST fill in the correct corresponding Assigned Payroll Slot Code on the SRA (list available with this SRA or online at <http://www.tsacg.com/individual/plan-sponsor/virginia/arlinton-public-schools/>).
(c) Enter the salary reduction amount (dollar amount) you wish to be withheld from your payroll.
(d) If this SRA is being submitted to terminate a current salary reduction, please list the company name to be terminated and indicate "Terminate Reduction" in the space provided (check box).
(e) Total the dollar amount for all contributions, and enter the total in the box provided.
5. Provide agent name and telephone number, if applicable.
6. Sign and date the agreement. Please provide a telephone number where you can be reached during business hours.
7. Mail the completed original signed agreement to TSA Administration Services, Attn: SRA Processing Dept., P.O. Box 4037, Fort Walton Beach, FL 32549 or fax the completed form to 1-866-908-7582 or e-mail to sraprocessing@tsacg.com

The employer, Arlington Public Schools, VA, will apply and remit the salary reduction documented on page 1 of this SRA form to TSA Consulting Group, Inc. The administrator is providing remittance and administration services for voluntary retirement plans.

PRIVACY - The administrator shall take all reasonable precautions to prevent disclosure or use of the information for a purpose unrelated to administration of the plan.

The administrator shall disclose information described only:

- (a) in response to a court order;
- (b) for an examination conducted by the commissioner of insurance;
- (c) for an IRS audit or investigation;
- (d) to or at the request of the insurer or plan sponsor; or
- (e) with the written consent of the identified individual or his or her legal representative.

Authorized 457(b) Providers (July 01, 2015)

COMPANY	LOCAL	MAIN	WEB SITE	PROVIDER CODE
AXA Advisors LLC	(703) 207-0900	(800) 628-6673	www.axa-equitable.com	AX
Lincoln Financial Group	(571) 438-1705 (571) 758-8360	(800) 234-3500	www.Lincolnaliance.com	LI

SRA Deadline	Payroll Date
07/06/2015	07/15/2015
07/22/2015	07/31/2015
08/05/2015	08/14/2015
08/20/2015	08/31/2015
09/03/2015	09/15/2015
09/21/2015	09/30/2015
10/06/2015	10/15/2015
10/20/2015	10/30/2015
11/05/2015	11/13/2015
11/22/2015	11/30/2015
12/03/2015	12/15/2015
12/17/2015	12/31/2015

SRA Deadline	Payroll Date
01/06/2016	01/15/2016
01/21/2016	01/29/2016
02/04/2016	02/12/2016
02/18/2016	02/29/2016
03/06/2016	03/15/2016
03/22/2016	03/31/2016
04/06/2016	04/15/2016
04/21/2016	04/29/2016
05/05/2016	05/13/2016
05/19/2016	05/31/2016
06/05/2016	06/15/2016
06/20/2016	06/30/2016
07/07/2016	07/15/2016