



# SALARY REDUCTION AGREEMENT

P.O. Box 29217 Shawnee Mission, KS 66201-9217  
 Fax: 1.800.532.2749 Ph: 1.888.923.3355

For Waddell & Reed use ONLY Advisor Name: \_\_\_\_\_

Advisor Number: \_\_\_\_\_

R/D: \_\_\_\_\_

## 1 EMPLOYER AND EMPLOYEE IDENTIFICATION

- Request  No Billing Statement *(Allocation Information Only)*  
 TSA/403(b)  SIMPLE IRA  InvestEd 529  Exclusive(k)  
 SARSEP  Roth 401(k)  Roth 403(b)  Other \_\_\_\_\_

Name of Employer *(Please print - do no abbreviate)* \_\_\_\_\_

Name of Employee *(Please print)* \_\_\_\_\_

Street Address \_\_\_\_\_

Employee Account Number *(if assigned)* \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Employer Group Number *(if assigned)* \_\_\_\_\_

## 2 PAYMENT AGREEMENT

The Employee and the Employer hereby agree to reduce the Employee's compensation by:

- Equal amounts of \$ \_\_\_\_\_ per pay period beginning \_\_\_\_\_, 20\_\_\_\_  
 Amounts equal to \_\_\_\_\_ % of compensation per pay period beginning \_\_\_\_\_, 20\_\_\_\_  
 If eligible, I am contributing an additional amount using the age 50+ catch up election.  
 If eligible, I am contributing an additional amount using the 15-year service increased limit.

## 3 INVESTMENT ALLOCATION *(The Employer and Employee agree as follows):*

- Enter the amount(s) that is/are to appear on each statement sent to the Employer.

Fund Number(s)	Employer Contributions <i>(Indicate dollars or whole percentages)</i>	Employee Contributions <i>(Indicate dollars or whole percentages)</i>	Insurance Code
_____	<input type="checkbox"/> \$ <input type="checkbox"/> %	<input type="checkbox"/> \$ <input type="checkbox"/> %	Nationwide Policy Number _____
_____	<input type="checkbox"/> \$ <input type="checkbox"/> %	<input type="checkbox"/> \$ <input type="checkbox"/> %	United Investors Life Policy Number _____
_____	<input type="checkbox"/> \$ <input type="checkbox"/> %	<input type="checkbox"/> \$ <input type="checkbox"/> %	Other Policy Number _____
_____	<input type="checkbox"/> \$ <input type="checkbox"/> %	<input type="checkbox"/> \$ <input type="checkbox"/> %	
<b>TOTAL*</b>	<input type="checkbox"/> \$ <input type="checkbox"/> %	<b>TOTAL*</b> <input type="checkbox"/> \$ <input type="checkbox"/> %	

\*Percentages must equal 100%

## 4 BILLING INFORMATION

- Establish periodic Billing Statement beginning with first day selected. \_\_\_\_\_  
 Change current billing information for above Employee.  
 Add Employee to current Billing Statement.

**FREQUENCY:**  Monthly  Biweekly - *Mailed every other week*  
 Semimonthly - *Mailed twice a month*  Weekly

