

Listens. Leads.

ONLINE SALARY REDUCTION AGREEMENT INSTRUCTIONS

To begin, change or discontinue a payroll contribution, a Salary Reduction Agreement (SRA) must be completed. The SRA can be completed electronically on your employer's page on OMNI's website at: https://www.omni403b.com/default.aspx. No login in is required to complete this form.

1. To find your employer's page, select 'Participants' on the homepage.

Delivers.

THE OMNIGROUP Listens, Leads. Delivers.	OMNI Online*** User:	Secure Portal Lo	LOGIN
Home Forms About Us Leadership	Service	News	Contact Us
403(b). Why me? Better question: Why not? Market and the bog not only to sign up - but to sign up Not? Only wal. Getting in the program how will make a huge directing in the program how will be program how will be program how will how will be program how will how will be program how will be program how will be program how will be program how will be program how will how will be program how will be	refreshing! "Michelle (Omni Call Cer assisting me with my que took a great deal of time professionalism and know	Employers lism and knowledge ter Representative)- Thar stons regarding your new uid your buy day to as wledge were refreshing!" Advisor, Edward Jones Click	k you so much for P3 platform. You
The OMNI[®]Group 403(b) Retirement Savings Plan Administration and Compliance Monitoring for Governmental and Non-profit Employers	Online Forms	OMNI Updates	OMNI Suppor

 On the Participant page, first select your state under Employer Plan Info. Begin typing your employer's name in the EMP NAME field, it should begin to auto-populate. Highlight the name to select and then choose 'Show Details'



3. You will be redirected to the Plan Details page for your organization. The Salary Reduction Agreement is located under 'FORMS' and is available to submit either Online, or the PDF version can be selected and either faxed or mailed to OMNI.

Plan Details Foster-Glocester Regional School Dist., North Scituate RI

403(b) Plan Details:

Current Plan Status: Active

Participating Service Providers

Listed below are the Service Providers which currently participate in your organization's plan.

Service Providers with a double asterisk notation (**) are not authorized to accept new accounts under your employer's plan. Please contact OMNI® with any questions.

Where available, hyperlinks to the provider's website have been provided for your convenience.

403(b) Providers

Aspire Financial Services

Great American Financial Resources, Inc.

MetLife

NY Life Ins. & Annuity Corp.

Pacific Life Insurance Company

Putnam Investments

Security Benefit

Vanguard Fiduciary Trust Co.

Forms

Salary Reduction Agreement (SRA):

Salary Reduction Agreement - Online

Salary Reduction Agreement - PDF

Service Based Catch-Up Request:

- Online Request Form
- Downloadable PDF Version

Service Provider Transactions:

For assistance determining the proper service provider transaction form to submit for your situation, please review our **Transaction Instructions** page for more information

- Death Claim
- Disability
- Distribution
- Exchange
- Hardship
- Loan
- QDRO
- Rollover

- 4. To complete the Online SRA the following must be completed.
- Part 1: Select your Employer State and Name from the dropdown menus. Enter your Date of Hire, which must be formatted MM/DD/YYYY. If you are unsure of your date of hire, please contact OMNI's Customer Care Department at 877-544-6664 and one of our representatives will be able to provide this information to you.

Step 1 of 3:	Supply Information Step 2 o	of 3: Confirm Entries	S Step 3 of 3: Submission Confirmation	
 Read a 	supply the information reque Il agreements on this form be having a red asterisk notation	efore submitting.		
403(b) Salary Re	duction Agreement (SRA) For Tax She	eltered Annuities and Cus	odial Accounts	
IMPORTANT NO A Tax Sheltered A or individual custo	TICE: Before You Sign, Read All Inform Annuity ("TSA") is an investment account odial account or accounts, established for	nation on this form: that is set aside for your ret each Employee, by the Em	odial Accounts irement (only), and is paid for with "pre-tax" dollars. A Custodial Account ("CA") is 1 ployer, or by each Employee individually, to hold assets of the Plan. Unless utilizin 7500 (\$23000 if age 50 or over) for 2014. Both TSA & CA receive tax deferred trea	ig the
IMPORTANT NO A Tax Sheltered A or individual custo catch-up provision	TICE: Before You Sign, Read All Inform Annuity ("TSA") is an investment account odial account or accounts, established for	nation on this form: that is set aside for your rel each Employee, by the Em ("MAC") cannot exceed \$1	irement (only), and is paid for with "pre-tax" dollars. A Custodial Account ("CA") is t ployer, or by each Employee individually, to hold assets of the Plan. Unless utilizin 7500 (\$23000 if age 50 or over) for 2014. Both TSA & CA receive tax deferred trea	ig the
IMPORTANT NO A Tax Sheltered A or individual custo catch-up provision Please supply the Part 1: Empl	TICE: Before You Sign, Read All Inform Annuity ("TSA") is an investment account odial account or accounts, established for ns, your Maximum Allowable Contribution	nation on this form: that is set aside for your rel each Employee, by the Em ("MAC") cannot exceed \$1	irement (only), and is paid for with "pre-tax" dollars. A Custodial Account ("CA") is t ployer, or by each Employee individually, to hold assets of the Plan. Unless utilizin 7500 (\$23000 if age 50 or over) for 2014. Both TSA & CA receive tax deferred trea	ig the

• Complete Part 2: Employee Information. All fields with a red asterisk must be entered.

Part 2: Employee Information 🖌

Please check here if you have contributed to a 403(b) or 401(k) plan with another employer this calendar year.

* Social Security Number: (9 digits, no dashes or spaces)	* First Name:	MI: * Last Name:	Maiden or Former Name:
•••••	John	Doe	
*Address:			
1 Main St.			
* City:	*State:	*Zip (5 digits or 5-4 digits):	
McHenry	IL 💌	60050	
* Date of Birth: (MM/DD/YYYY)	* Phone:	* Email address:	* Re-enter Email address:
01/01/1980	8158675309	jdoe@d15.org	jdoe@d15.org

- Complete Part 3. A contribution type must be selected.
- Recurring Contributions: A contribution you want deducted every payroll.
 - Select the Plan Type from the dropdown box.
 - Select the name of the Service Provider from the dropdown box.
 - Account # is optional.
 - Select an effective date from the pop up calendar
 - Enter the dollar amount

NOTE: If you are contributing to two providers, both MUST be entered in the form, even if the change is only applicable to one company. Failure to enter both will result in the company not entered to be discontinued under the WARNING.

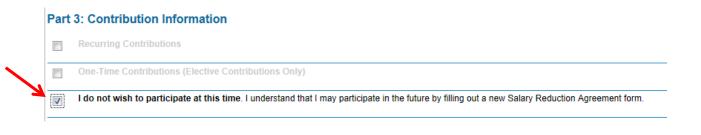
Recurring Contribution	S						
WARNING!!							
you are currently cor wish to continue. Any	ontributions will supersede all current recurring co trributing to multiple service providers under your y active 403(b) or ROTH 403(b) contributions found	employer's 403(b) plan, p l in our records, but not li	lease be si	ure to lis	st all co	ontrib	utions
Also, a contribution r	nay be discontinued by listing it below with an am	ount of zero.					
Note: Service Providers	with a double asterisk notation (**) are not authorized to acc	ept new accounts under your e	mployer's pla	an. Pleas	e contac	t OMN	ll® with a
questions.							
questions.	n my pay for the following 403(b) contributions until further n	otice:					
questions.	n my pay for the following 403(b) contributions until further n *Service Provider	otice: Account #	*Effe	ctive Date	e	Amo	ount
questions. Please withold funds from			*Effe	ctive Dat	e	Amo \$ 50	
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questions. Please withold funds from *Plan Type 1. 403(b) 2.	*Service Provider Aspire Financial Services [Select Plan Type First]			Ma		\$ 50	0
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• One-Time Contributions. A contribution change applicable to one payroll period only. Procedure is the same as Recurring Contributions, with the exception that a direction needs to be provided to either resume the prior contribution amount, or discontinue contributions for the next payroll.

1	On	e-Time Contribut	ions (Elective Contributions Only)						
		*Plan Type	*Service Provider		Account #	*Effective Date	*Amount	*After this contribution, any 403(b) recurring cor to this service provider should be:	tributions
	1.	403(b) 💌	Aspire Financial Services	•		06/01/2014	\$ 500		
	2.	•	Please select a Service Provider				\$		
	3.	-	Please select a Service Provider				\$	RESUMED	
	4.	-	Please select a Service Provider				\$		
	5.	•	Please select a Service Provider 💌				\$		

I do not wish to participate at this time. Select this option if you want to discontinue contributions immediately.
 No further information is required. If the discontinuation is for a future effective date, the Recurring Contribution option must be used with a zero dollar amount indicated.

Please check here if you are NOT a full-time employee



• Part 4: Agreements and Acknowledgements: Re-enter the SSN. Select 'Continue'.

* Re-enter Social Security # to verify (9-digit format, no dash	es or spaces):	••
	Reset	Continue

- A new page will appear requesting review of the information. If the information is correct, you will need to reenter the SSN where indicated.
- A confirmation page with a tracking number that begins with the letters SR will indicate the form has been successfully entered.

If you have any questions while completing the Online SRA, please contact OMNI's Customer Care Department at 877-544-6664. Our representatives are available Monday through Friday from 7:30am to 8pm eastern standard time.