OMNI&TSACG Compliance Services
Visit Us Online: https://www.omni403b.com
220 Alexander Street, Suite 400 Rochester, NY 14607 Phone: 1.877.544.6664 Fax: 1.585.672.6194

403(b) NEW HIRE INFORMATION PACKET

Please take the time to review this information about the 403(b) retirement plan offered by your employer. While most employees choose to take advantage of their 403(b) plan immediately, even if you choose not to contribute at this time, it is important to be familiar with the opportunities associated with your plan.

What is a 403(b) Plan?

A 403(b) plan is a tax sheltered retirement savings plan. Eligible employees can contribute pre-tax dollars to their plan, which are invested in either an annuity contract or custodial account (mutual fund). Contributions will be allowed to grow tax free until the funds in question are withdrawn (usually at retirement, although it may be possible to access your funds prior to retirement in certain circumstances). U.S. OMNI strongly recommends that you seek the input of a financial professional to select the proper investments to meet your retirement planning goals.

Why should I contribute?

403(b) plans can play a vital role in building a secure retirement. The value of your investments may increase based upon fund performance and other factors, making it possible to build account balances that far exceed the amounts withdrawn from your paycheck. It is also important to remember that your taxable income will be lowered in proportion to the amount you choose to defer, minimizing the impact to your take home pay.

Who is eligible to contribute to a 403(b) Plan?

All full time employees are eligible. Part time employees may or may not be eligible, depending on the specifics of your employer's plan.

How do I contribute?

Your first step will be to contact a participating 403(b) investment provider to establish your investment account. A list of participating investment providers for your employer is available on OMNI's website at www.omni403b.com. After working with your provider to establish your account and select investment vehicle(s), you will then need to complete an OMNI Salary Reduction Agreement (SRA) to initiate your deductions.

Who/what is U.S. OMNI? Do I need to invest with OMNI?

OMNI is a Third Party Administrator (TPA) of 403(b) plans. We work with your employer to help ensure compliance with IRS regulations governing the operation of 403(b) plans. OMNI also helps your employer remit 403(b) contributions to participating service providers. OMNI is NOT an investment provider- we do not offer and cannot recommend any specific investment vehicle.

I don't want to contribute right now; do I still need to fill out a Salary Reduction Agreement (SRA)?

IRS regulations mandate that all employees be provided meaningful notice of their eligibility to participate in a 403(b) plan. Accordingly, OMNI requires employees who do not wish to participate to complete a SRA form indicating that they do not wish to contribute for recordkeeping purposes.

Who can I call if I have more questions?

OMNI's Customer Care Team is available at 877-544-6664 between the hours of 7:30 AM and 8:00 PM Eastern Standard Time.

Please sign and date to acknowledge receipt of this notice, and return to your employer along with the completed Salary Reduction Agreement found on the next page.

Employee Signature _____ Date _____

© 2026 All rights reserved. No part of this document may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from Omni Financial Group, Inc. Requests for permission to reproduce content should be directed to serviceinfo@omni403b.com.

OMNI ® is a registered service mark of Omni Financial Group, Inc. d/b/a U.S. OMNI

OMNI & TSACG Compliance Services
Visit Us Online: https://www.omni403b.com
220 Alexander Street, Suite 400 Rochester, NY 14607 Phone: 1.877.544.6664 Fax: 1.585.672.6194

403(b) SALARY REDUCTION AGREEMENT FORM (SRA) For Tax Sheltered Annuities and Custodial Accounts

- **Please supply the information requested below.**
- **Read all agreements on this form before submitting.**
- **Fields having an asterisk notation are required.**

403(b)

IMPORTANT NOTICE: Before You Sign, Read All Information on this form:

A Tax Sheltered Annuity ("TSA") is an investment account that is set aside for your retirement (only), and is paid for with "pre-tax" dollars. A Custodial Account ("CA") is the group or individual custodial account or accounts, established for each Employee, by the Employer, or by each Employee individually, to hold assets of the Plan. Unless utilizing the catch-up provisions, your Maximum Allowable Contribution ("MAC") cannot exceed $24,500 ($32,500 if age 50 or over) in 2026. Both TSA & CA receive tax deferred treatment.

Part 1: Employee Information

☐ Check here if you have contributed to another 403(b), 401(a), or 401(k) plan offered by another employer in the current calendar year. **NOTE: Do not check this box if you have only contributed to the 403(b) plan associated with this SRA**. If so, please provide the amount of the year-to-date contributions you have made to the other plan(s):
$ _____ and, if applicable, the name of the other Plan: _____

* Social Security Number: _____ * First Name: _____ MI: _____ * Last Name: _____

*Address: _____

* City: _____ *State: _____ *Zip: _____

* Date of Birth: _____ * Phone: _____ *Email address: _____

Part 2: Employer Information

* Full Organization Name, City and State: _____ * Date of Hire: (mm/dd/yyyy) _____

Part 3: Contribution Information

OPTION 1: Recurring Contributions

WARNING!!! Any new recurring contributions will supercede all current recurring contributions to your employer's 403(b) plan administered by OMNI. If you are currently contributing to multiple service providers under your employer's 403(b) plan, please be sure to list all contributions you wish to continue. Any active 403(b) contributions found in our records, but not listed below WILL BE DISCONTINUED. Also, a contribution may be discontinued by listing it below with an amount of zero.

Please withhold funds from my pay for the following 403(b) contributions until further notice:

Plan Type		Service Provider	Account #	Effective Date	Amount Per Pay	OR	Percent Per Pay Period
☐ 403(b)	☐ ROTH 403(b)						
☐ 403(b)	☐ ROTH 403(b)						
☐ 403(b)	☐ ROTH 403(b)						
☐ 403(b)	☐ ROTH 403(b)						
☐ 403(b)	☐ ROTH 403(b)						

If you have requested a percentage amount for any of the contributions above, please supply:
Your Annual Salary: _____ Number of Pay Periods Per Year: _____

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

OPTION 2: One-Time Contributions (Elective Contributions Only)

Plan Type		Service Provider	Account #	Effective Date	Amount	After this contribution, any 403(b) recurring contributions to this service provider should be:	
☐ 403(b)	☐ ROTH 403(b)					☐ DISCONTINUED	☐ RESUMED
☐ 403(b)	☐ ROTH 403(b)					☐ DISCONTINUED	☐ RESUMED
☐ 403(b)	☐ ROTH 403(b)					☐ DISCONTINUED	☐ RESUMED
☐ 403(b)	☐ ROTH 403(b)					☐ DISCONTINUED	☐ RESUMED
☐ 403(b)	☐ ROTH 403(b)					☐ DISCONTINUED	☐ RESUMED

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

OPTION 3: Participation Opt Out

☐ **I do not wish to participate at this time.** I understand that I may participate in the future simply by filling out a new Salary Reduction Agreement form.

Continued on next page...

Part 4: Agreements and Acknowledgements

The above named Employee where applicable, agrees as follows:

1. To modify his/her salary reduction as indicated above.
2. That his/her Employer transfers the above stated funds on Employee's behalf to OMNI for remittance to the selected Service Provider(s).
3. This SRA is legally binding and irrevocable with respect to amounts paid.
4. This SRA may be changed with respect to amounts not yet paid.
5. This SRA may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new SRA is submitted.
6. (a) That OMNI does not choose the annuity contract or custodial account in which your contributions are invested.
   (b) OMNI does not endorse any authorized Service Provider, nor is it responsible for any investments.
   (c) OMNI makes no representation regarding the advisability, appropriateness, or tax consequences of the purchase of the TSA and/or CA described herein.
   (d) (i) OMNI shall not have any liability whatsoever for any and all losses suffered by Employee with regard to his/her selection of the TSA and/or CA, its terms, the selection of any service provider, the financial condition, operation of or benefits provided by said service provider, or his/her selection and purchase of shares by any service provider. Nothing herein shall affect the terms of employment between Employer and Employee.
   (ii) Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness, or tax consequences of the purchase of the annuity and/or custodial account described herein.
   (iii) The Employer shall not have any liability for any and all losses suffered by an Employee with regard to the selection(s) of any TSA and/or CA, any related terms and conditions, the selection of any service provider, the financial condition, operation of or benefits provided by any service provider or the selection and purchase of shares by any service provider.
7. To be responsible for setting up and signing the legal documents necessary to establish a TSA or CA.
8. To be responsible for naming a death beneficiary under their TSA or CA. This is normally done at the time the contract or account is established. Beneficiary designations should be reviewed periodically.
9. That some service providers may take administration fees from your 403(b) account.
10. When provided all required information in a timely manner, OMNI is responsible for determining that salary reductions do not exceed the allowable contribution limits under applicable law, and will complete MAC calculations as required by law.
11. To contact OMNI and complete the appropriate OMNI forms for any requests for distributions, loans, hardship withdrawals, account exchanges plan-to-plan transfers or rollover contributions. Processing fees for the foregoing transactions may apply.
12. This SRA is subject to the terms of the Services Agreement between OMNI and Employer, and to the Information Sharing Agreement between OMNI and the Service Providers.
13. This agreement supercedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

Part 5: Employee Signature (Mandatory)

I certify that I have read this complete agreement and that my requested salary reduction(s), if in excess of my base limit, represent(s) my wish to utilize any catch-up provisions for which I may be eligible. I further certify that I will notify OMNI in the event I begin contributing to another 403(b), 401(k) or 401(a) plan. I understand my responsibilities as an Employee under this Program, and I request that Employer take the action specified in this agreement. I understand that all rights under the TSA or CA established by me under the Plan are enforceable solely by my beneficiary, my authorized representative or me.

Employee Signature: _____ Date: _____

Part 6: Acknowledgement and Representation of Sales Agent/Representative (Not Required to Submit SRA)

I agree to comply with all pertinent written directives regarding the solicitation of Employee. In the event I provide OMNI with an Employee's date of birth ("DOB"), I acknowledge and agree that I must provide accurate information based on documentation provided to me by the Employee. Furthermore, I understand that any DOB information I provide to OMNI is utilized by OMNI to calculate the Employee's Maximum Allowable Contribution limits, which must be accurate to keep the Employer's plan in compliance with IRS regulations. All indemnification or other responsibility for a claim or demand arising from an error in employee DOB I provide will be governed by the Information Sharing Agreement between my employer and OMNI.

Sales Agent/Representative Name: _____ Phone: _____

Email: _____

Signature: _____ Date: _____

☐ I wish the above named agent to be copied on all e-mail communications sent to the plan participant, including certificate(s) of approval, which may be associated with this transaction.

Part 7: Employer Acknowledgement (If Applicable)

Salary: _____ # of TSA/CA Pay Periods: _____ Effective Payroll Date: _____

Employer Name & Title: _____

Employer Signature: _____ Date: _____

Please return this agreement to Omni Financial Group, Inc., unless otherwise advised by your employer:

Omni Financial Group, Inc.
220 Alexander Street, Suite 400 • Rochester, NY 14607
Toll Free: (877) 544-OMNI • Fax: (585) 672-6194
Please visit our website at **www.omni403b.com**

© 2026 All rights reserved. No part of this SRA may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording, or any information storage and retrieval system, without permission in writing from Omni Financial Group, Inc. Requests for permission to reproduce content should be directed to legal@omni403b.com.

OMNI ® is a registered service mark of Omni Financial Group, Inc. d/b/a U.S. OMNI