

EMPLOYER CONTRIBUTION DETAIL FORM
For 403(b) Annuity Contract or 403(b)(7) Custodial Account

School District / College Name: _____

Employee Name _____

Social Security Number _____

Work Location _____

Position _____

Amount of Employer contribution to Employee Account: % _____ or \$ _____
Total Amount

Investment Provider: _____ Amount per Vendor: % _____ or \$ _____

Investment Provider: _____ Amount per Vendor: % _____ or \$ _____

Investment Provider: _____ Amount per Vendor: % _____ or \$ _____

Type of Employer Contributions:

☐ Board Policy / Contract contribution

☐ Other: _____

Effective Date of Agreement: _____, 20____. Date of Anticipated Payment: _____, 20____.

This form is for Employer contributions only.
Do not use this form for any type of Employee deferral contribution to a 403(b) and/or 403(b)(7) account.

Submit Completed Form to US OMNI & TSACG

U.S. OMNI & TSACG Administration Services
Attn: SRA Processing Department
P.O. Box 4037, Fort Walton Beach, FL 32549
Fax: 1-866-908-7582

Form Completed by (Employer Representative):

Name: _____

Title: _____

Phone Number: (____) _____ Date: _____, 20____.

**403(b) EMPLOYER
CONTRIBUTION
FORM**