



IAP/IAA Service Center
 Attn: Customer Service
 P.O. Box 19009
 Greenville, SC 29602-9009
 Tel: (866)363-3290 Fax: (866)368-0095

**Payroll Deduction
 Employee Allocation
 Agreements**

Check One:

Please print using dark ink

- IA American (IAA)
- Industrial Alliance Pacific Insurance and Financial Services Inc. (IAP)
 (DBA in CA as Industrial-Alliance *Pacific* Life Insurance Company, United States Branch)
 (DBA in OR as Industrial-Alliance *Pacific* Life insurance Company)

Original Agreement Amended Agreement

In accordance with applicable federal and state laws and for the purpose of qualifying under the provisions and for the benefits of Sections 403(b)(1) and/or 403(b)(7) of the Internal Revenue Code (IRC) of 1986, as amended by the Economic Growth and Tax Relief Reconciliation Act of 2001, any similar state benefits, and the Plan adopted and in effect at this time, by

Employer: _____

Employer's address: _____ Tel. No. (____) _____

City: _____ State: _____ ZIP: _____

It has been agreed by the above Employer and undersigned Employee, under a separate agreement, that the certain valid and existing employment contract to be amended in order to provide benefits under the aforementioned plan(s).

First name: _____ Middle initials: _____ Last name: _____

Home address: _____ Tel. No.: _____ Last 4 digits of SSN: _____

City: _____ State: _____ ZIP: _____

Effective date of first reduction

Suspend dates From:

To:

_____|_____|_____|_____|_____|_____|
(M M / D D / Y Y Y Y)

_____|_____|_____|_____|_____|_____|
(M M / D D / Y Y Y Y)

_____|_____|_____|_____|_____|_____|
(M M / D D / Y Y Y Y)

J | F | M | A | M | J | J | A | S | O | N | D

The Employee chooses to allocate periodic salary reduction contributions to a qualified Tax-Sheltered Life, Annuity, and/or a Custodial Account for Regulated Investment Company Stock in the following manner:

Life Insurance/Annuity/Fund Portfolio Product Name	Periodic Amount	Annual Amount
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Totals	\$ _____	\$ _____

The Employee hereby agrees that with respect to the Employee's compensation for services rendered to the Employer, such compensation, reduced by the amounts specified under a separate agreement, shall be invested in accordance with the amounts specified in this agreement. The Employee shall ensure that the reduction in compensation shall in no event exceed the Employee's "exclusion allowance" as defined in IRC Section 403(b)(2), or the limits set forth in IRC Sections 415 and 402(g), and the regulations pertaining thereto.

Employee's Signature: _____

Date: _____
(M M / D D / Y Y Y Y)

Agent Name: _____

Date: _____
(M M / D D / Y Y Y Y)

(Please print)