

Sample Initial Communication to Investors
Selected for Inclusion in Plan Document

Date

Investment Provider Name

Address

City, State, Zip

Re: Employer Name 403(b) TSA Plan

Effective **(enter date of Service Agreement execution)**, _____ **(Name of TPA)** has been selected as the Third Party Administrator to provide compliance services for the above referenced TSA Plan. _____.

A copy of the Plan Document for a 403(b) Tax Sheltered Account Plan has been included for your reference. **(Employer Name)** has adopted this Plan Document, which outlines all provisions of the TSA Plan and will become effective _____ **(enter effective date)**. As an approved investment provider in this plan, you will be required to maintain adherence to all provisions of the plan and the Investment Provider Agreement following the plan's effective date.

As a current investment provider you will be given the opportunity to continue to market your services and receive salary reductions under the plan following your execution of the enclosed 403(b) Investment Provider Agreement. Please review the enclosed information and return an executed original of the Investment Provider Agreement no later than (enter date). This agreement must be signed by an officer authorized to bind the insurance company or broker dealer that underwrites the 403(b) annuity or 403(b)(7) custodial account.

Our records indicate that the following products are currently available from your company for participants in the above referenced 403(b) TSA Plan. If your records indicate differently, please provide detail to us as an attachment to the completed Investment Provider Agreement.

- **Product Name**
- **Product Name**
- **Product Name**
- **Product Name**

Additionally, we are requesting a list of all current financial representatives eligible to represent your company and products for the above referenced employer. Please provide a report of current financial representatives including the following:

Representative Name

CRD# & State Insurance License #
Address
Phone
Fax
E-mail

The above information will be used to mail each representative information and solicitation guidelines relating to the new plan.

When returning the representative information, please indicate any product restrictions relating to the above list that may apply to your current representatives.

If representatives are eligible to market and service all products referenced, no restrictions would apply.

NOTE: Failure to complete and return the enclosed Investment Provider Agreement and requested information by (enter date) will result in your company no longer being eligible to market and receive 403(b) salary reductions for current or future participants in the above referenced TSA Plan as of the Plan effective date.

If you have any questions regarding the requested information please contact our service team at _____ **(telephone number)** or e-mail us at _____ **(e-mail address)**.

We appreciate your timely response and assistance in providing quality 403(B) benefits to our mutual clients.

Sincerely,

Name

Title

(TPA Name) as contract administrator for _____ (Name of School District)

Enclosures