

Vendor: PRIMERI01-Primerica Shareholder Services
P.O. Box 534473 PITTSBURGH PA 15253-9662

Pymt # 0010029916
08/26/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
403 (b) RETIRE	07/01/2026	42630.00 10-1110-291-000-30-800-000-000-0000	403 (b) retirement contributio
	Payment Amount:	42630.00	* Accrued A/P

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0010029916

08/26/2026

*****42,630.00

PAY Forty-Two Thousand Six Hundred Thirty and 00/100 Dollars

To the Order of:

Primerica Shareholder Services
P.O. Box 534473
PITTSBURGH PA 15253-9662

NON-NEGOTIABLE

LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST

DATE: 7/1/26

AMOUNT: \$42,630.00

REQUEST A CHECK FROM 10 FUND PAYABLE TO:

Primerica

PO Box 9662

Providence, RI 02940

PAID

PAID

AUG 26 2026

REASON: 403 (b) Retirement Contribution- [REDACTED]

SIGNATURE OF REQUESTOR: _____

SIGNATURE OF BUSINESS ADMINISTRATOR: [Signature] 7/28/26

.....
ACCOUNT CODE(S): _____

DEBIT: 10-1110-291-000-30-800-000-000-0000

EMPLOYER CONTRIBUTION DETAIL FORM
Payroll Authorization for 403(b) Annuity
Contract or 403(b)(7) Custodial Account

Name of Company
PRIMERICA

School District/College Name

LEHIGHTON AREA SCHOOL DISTRICT

Employee's Name

Social Security Number/Employee I.D.

Work Location

HIGH SCHOOL

Position

TEACHER

Contribution Detail Information

Amount of Employer Contribution to Employee Account

\$42,630.00

Total Amount

PAID

AUG 26 2026

Type of Employer Contribution:

☒ One-time Contribution

☐ Board Policy/Contract Contribution

☐ Employee Bonus Contribution

☐ Per Payroll Contribution—Frequency: _____ Per Payroll Amount: \$ _____

☐ Other: _____

Effective Date of this Agreement

07/01, 20 26

This form is for Employer contributions only.

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

Submit Completed Form to TSA Consulting Group in one of the following ways:

Fax: 1-866-908-7582

Email: sraprocessing@tsacg.com

Mail: TSA Consulting Group, Inc.
28 Ferry Rd. SE
Fort Walton Beach, FL 32548

Form Completed by (Employer Representative):

Name: _____

Title: Payroll

Phone Number: (610) 377-4490

Date: 07/01/2026

EMPLOYER
CONTRIBUTION
FORM