

SALARY REDUCTION AGREEMENT

Employee name _____ Social Security # _____
Home address _____
Telephone _____ Email _____

ACTION REQUESTED

- Start Contributions
- Stop Contributions
- Change Contribution Percentage

TYPE OF CONTRIBUTION

- Pre-tax Contributions
- Roth (after-tax) Contributions

AMOUNT OF CONTRIBUTION

I authorize _____% of my compensation (not to exceed applicable IRS dollar limits for the calendar year) to be deducted each pay period and contributed to the 403(b) plan, effective as soon as practicable after I complete this form and provide it to my employer.

CATCH UP CONTRIBUTION (available for employees age 50 or older by the end of the calendar year)

I authorize an additional age 50 catch-up contribution of _____% of my compensation each pay period (not to exceed applicable IRS dollar limits for the calendar year).

I understand that I may change, stop or re-start contributions at such times as described in the terms of the 403(b) plan and that my salary reduction participation in the 403(b) plan is completely voluntary.

I agree to be bound by the terms of the 403(b) plan. I understand I can request a plan summary at any time and that I have been advised to complete a Designation of Beneficiary Form for my 403(b) plan account.

Employee signature

Date

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EMPLOYER ACKNOWLEDGEMENT - RECEIPT OF COMPLETED FORM

Employer Signature

Date