

SALARY REDUCTION AGREEMENT

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

ACTION REQUESTED

- Start Contributions
- Stop Contributions
- Change Contribution Percentage Amount or Fixed Dollar Amount

TYPE OF CONTRIBUTION

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

AMOUNT OF CONTRIBUTION

I authorize _____% of my compensation or a fixed dollar amount of \$_____ (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 or a fixed dollar amount of \$_____ to be deducted each pay period (not to exceed applicable IRS dollar limits for the calendar year).

- I understand that my contributions will be calculated based on my taxable compensation, which does NOT include any housing allowance amounts.
- I understand that if I am a FICA employee and have earned over \$150,000 (indexed) from my employer in the prior year, all catch-up contributions must be made on a Roth (after-tax) basis.
- 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



EMPLOYER ACKNOWLEDGEMENT - RECEIPT OF COMPLETED FORM

Employer Signature

Date