



403(b) Retirement Plan Salary Reduction Agreement

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|---|-----------------|
| Name <i>Please Print</i> (Last, First, Middle Initial): | |
| Banner ID No: | E-mail Address: |

Choose One: New Enrollment (Complete Sections 1-3) Change to Existing Elections (Complete section 2 and 3 only)

Section 1 New Enrollment (Please complete all questions)

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| I have completed the On-Line Enrollment with: | <input type="checkbox"/> TIAA | <input type="checkbox"/> Fidelity |
| My Date of Hire is _____ (MM/DD/YYYY) | I am a rehire: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| My Date of Birth is _____ (MM/DD/YYYY) | I am age 26 or older : | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I will be sending proof for the Waiver of Service Requirement: | <input type="checkbox"/> Yes | <input type="checkbox"/> Not Applicable |

Section 2 Employee Contribution Election (Complete all blanks)

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| <p>I elect to make Employee Contributions (in whole percentages only) to the BASE PLAN for the following Investment Carriers. I understand that these contributions WILL be matched by University Contributions and are fully vested at all times. (Indicate a percentage of your annual salary below.) _____ % to TIAA _____ % to Fidelity Investments _____ % TOTAL</p> |
| <p>I elect to make additional Employee Contributions (in whole percentages only) to the SUPPLEMENTAL PLAN at TIAA. I understand that these contributions WILL NOT be matched by University Contributions and are fully vested at all times. _____ % to TIAA</p> |

Section 3 University Contribution Election (Complete all blanks)

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| <p><input type="checkbox"/> Default Option: I elect to have my University Contributions allocated in the same proportion as my employee contributions. I understand that these contributions WILL BE vested after I have 2 Years of Service. The University will match up to 10%.</p> <p style="text-align: center;">Or</p> <p><input type="checkbox"/> I elect to manually allocate University Contributions in the following proportions:</p> <p>_____ % to TIAA _____ % to Fidelity Investments</p> |
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AGREEMENT - I understand and agree to the following terms and conditions:

This Salary Reduction Agreement affects contributions from my pay checks on dates after this Agreement is received by Benefits and Wellness. I understand that contributions will not be retroactive. I understand my Employee Contributions are subject to limitations in Sections 402(g) and 415 of the Internal Revenue Code (IRC). For employees age 50 and over, this amount will include any additional catch-up contributions permitted under IRC 414(v). The University may lower or cancel my contributions to keep my contributions within the limits of the IRC. This Salary Reduction Agreement will remain in effect until I complete a new agreement or until it is determined that this salary reduction will cause me to exceed the plan limits on contributions. This Salary Reduction Agreement shall be legally binding while my employment continues; however, either party may terminate or otherwise modify this Agreement.

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| Employee Signature |
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| Date |
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Please return to: HR Service Center, 5700 Cass Ave., Suite 3638, Detroit, MI 48202; Fax: 313-577-0637; Email: askhr@wayne.edu