

**UNIVERSITY OF DAYTON RETIREMENT PLAN
AGREEMENT FOR SALARY REDUCTION/DEDUCTION**

Employee Information (print or type):

Name _____ Employee Identification Number _____

Date of Hire _____ Campus Zip _____ Campus Phone _____

Check One:

_____ New Agreement

_____ Cancel Contributions

_____ Increase in Contribution Amount

_____ Redirect Current Contributions to an Alternate Carrier

_____ Decrease in Contribution Amount

Amount of Salary Reduction/Deduction:

Effective with the _____ pay date, I authorize the University of Dayton to deduct a total of _____% of base pay as a salary reduction/deduction amount and contribute it on my behalf to the funding vehicle(s) of my choice (approved by the University of Dayton) indicated below. I understand that the total contribution may not exceed the statutory limitation under Section 415 or Section 402(g) of the Internal Revenue Code, whichever is less. For employees age 50 and over, this amount will include any additional catch up contributions permitted under IRC 414(v).

Investment Elections:

I elect the amount of 403(b) contributions specified above to be invested in the available carriers as follows:

() TIAA-CREF group Supplemental Retirement Annuity (gSRA) Contract _____% of salary made on a pre-tax basis. (Auto enrollment default option.)

() TIAA-CREF group Supplemental Retirement Annuity (gSRA) Contract _____% of salary made on an after tax ROTH contribution basis.

() Fidelity Investment Services Tax Deferred Annuity Contract _____% of salary made on a pre-tax basis.

() Fidelity Investment Services Tax Deferred Annuity Contract _____% of salary made on an after tax ROTH basis.

() TIAA-CREF Group Retirement Annuity (GRA) Contract _____% of salary made on a pre-tax basis.

I understand that this Agreement will be legally binding and irrevocable as to both parties while employment continues. However, either party may change or terminate this Agreement as of the end of any pay period so that it will not apply to any future compensation.

Authorized by:

Employee _____ **Date** _____

Human Resource Representative _____ **Date** _____

For Human Resources Use Only

_____ TDA Limit

_____ 402(g) Limit (15 year service catch up)

_____ 414(v) Limit (50 year age catch up)

_____ Total calendar year deferred contribution limit
