

## 403(b) Program Salary Deferral Agreement

**Instructions:** Use this form only if your employer does not supply you with its own form.  
Submit this form to your employer.

| Employee Information (Please complete all sections.) |       |                        |               |
|--|-------|------------------------|---------------|
| Employee Name  |       | Social Security Number |               |
| Street Address                                       |       | Date of Hire           |               |
| City   | State | Zip Code               | Date of Birth |
| Daytime Phone  |       | Email Address          |               |
| Employer Name and Address                            |       |                        |               |

Check one:     New Agreement     Change to previous Agreement

**Salary Reduction Agreement/Election**

This Agreement is effective immediately upon acceptance by the Employer, and I may modify the Agreement in accordance with procedures established by the Employer. I authorize the Employer to withhold from my salary (and treat as my deferrals) the following amount:

\_\_\_\_\_% of my salary\*                       \$\_\_\_\_\_ per pay period\*

**Zero.** I hereby terminate my prior Salary Reduction Agreement. [**Note:** If you have no Salary Reduction Agreement currently in effect and do not want to defer, do not complete this Agreement. Elect "zero" only if you wish to stop deferrals under a prior Salary Reduction Agreement already in effect.]

\*The amount of salary deferral cannot exceed the limits of Internal Revenue Code Sections 402(g), 414(v) and 415.

**Employee Acknowledgement**

**Duty to review pay records.** I understand I have a duty to review my pay records (pay stub, etc.) to confirm the Employer properly has implemented my salary reduction election. Furthermore, I have a duty to inform the Employer or its designee if I discover any discrepancy between my pay records and this Salary Reduction Agreement. I understand the Employer or its designee will treat my failure to report any withholding errors for any payroll to which my Salary Reduction Agreement applies, by the cut-off date for the next following payroll, as my affirmative election to defer the amount actually withheld (including zero). However, I thereafter may modify my deferral election prospectively, consistent with the Plan terms.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Employer Acceptance and Authorization**

\_\_\_\_\_  
Signature of Employer/Sponsor or its Designee

\_\_\_\_\_  
Date