

# Salary Reduction Agreement

## Step 1: Tell us about yourself

Choose the appropriate title:  Mr.  Mrs.  Miss  Ms.  Dr.  Rev.

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Birth date: \_\_\_\_\_ Date of hire: \_\_\_\_\_ Daytime phone: ( ) \_\_\_\_\_ Evening phone: ( ) \_\_\_\_\_

Married  Not married Occupation: \_\_\_\_\_ Work hours: \_\_\_\_\_

e-mail address: \_\_\_\_\_

I elect to receive future communications regarding fund data, including prospectus and fund reports, sent to my e-mail address above.

Your e-mail address will not be shared. It will be used exclusively for sending financial documents and plan information.

## Step 2: Tell us if you want to contribute

I want to participate by making **pre-tax contributions**. Tell us what percentage of your salary you want to contribute in whole percentages (no fractions): \_\_\_\_\_ %  
 The first **pre-tax payroll deduction** will take place as soon as administratively possible after we receive this form.

I want to participate by making **after-tax contributions**. Tell us what percentage of your salary you want to contribute *in whole percentages* (no fractions): \_\_\_\_\_ %  
 The first **after-tax payroll deduction** will take place as soon as administratively possible after we receive this form.

I do not want to participate. Complete only **Part 4: Sign your name**.

## Step 3: Read these statements carefully

- The employer will reduce your pay by the amount indicated (in **Part 2** above) per pay period. The employer will send this amount to the provider as contributions.
- The first payroll deduction will take place as soon as administratively possible after we receive this form.
- While employment continues, this agreement legally binds both you and the employer for amounts deferred while it is in effect. A new agreement must be submitted to change your percentage.
- This agreement will apply only to amounts not yet currently available to you. It will not apply to any amounts earned after the agreement is terminated.
- Based on the terms of the Plan, the employer reserves the right, pursuant to its fiduciary duty, to make investment decisions on behalf of plan participants and you should refer to the Summary Plan Description for more information about this matter. If you do not provide investment choices, your contributions will be invested in the default fund chosen by your employer.

## Step 4: Sign your name

By signing below, I certify that I have read, understand and agree to the terms of the **Salary reduction agreement**. The signature of the plan administrator certifies that the plan administrator also agrees to the **Salary reduction agreement**.

**X** \_\_\_\_\_ Date \_\_\_\_\_  
 Participant's signature

**X** \_\_\_\_\_ Date \_\_\_\_\_  
 Plan administrator's signature

**Return this form to: The Human Resources representative(s) for your facility**