



AUTHORIZATION FOR 403(b) SALARY REDUCTION AGREEMENT

A. EMPLOYEE INFORMATION *(Please print)*

Personal Identification Number
or
Social Security No. _____

Name: _____
Last First MI

Agency: _____ Email: _____ Phone #: _____

Agency is a hospital of DHHS, DJJPS, DPI, CCS, NCSSM
Check if applicable: _____ Date of Birth: _____

I also make contributions through payroll deduction to the State's 401(k) Plan through Prudential.

B. SALARY REDUCTION AGREEMENT

Original Agreement Modified Agreement Cancellation

Name of 403(b) Vendor and 403(b) product	Pay Date Change Effective	Monthly \$ Amount <i>(if canceling please indicate \$0.00)</i>	or Percent %
_____	_____	_____	_____
_____	_____	_____	_____

____ I elect the special 15-year lifetime catch-up option not to exceed the IRC Section 402(g) (7) limit.
 ____ I elect the age 50 or over additional catch-up option not to exceed the IRC Section 414(v) limit.
Note: Please only indicate a monthly dollar amount or percentage and not both.

C. EMPLOYEE/EMPLOYER RESPONSIBILITY

The Agency will apply the amount of the salary reduction described in Item B above to the purchase of an annuity contract described in Section 403(b)(1) or investment in one or more mutual funds held in a custodial account described in Section 403(b)(7) of the Internal Revenue Code of 1986, as amended, from one or more underwriters authorized by the Agency and selected by the Employee.

This Agreement is legally binding and irrevocable with respect to amounts payable while it is in effect. The Agency will consider this salary reduction agreement in effect through the remainder of this calendar year and will automatically renew this agreement January 1 of each year unless the employee notifies the Agency, in writing, **within 30 days prior to the date the agreement is to take effect, be modified, or terminated.**

A salary reduction agreement can only be made with respect to pay that is not "currently available" to the employee on the date of the election. Salary reduction agreements must be submitted prior to the corresponding payroll effective cutoff date, otherwise the agreement will be effective with the next payroll cycle.

By signing, I authorize the Agency to reduce my salary in the amount specified above for the purchase of the specified annuity or investment in a custodial account with respect to amounts earned subsequent to the date of this agreement. I also request my Agency to purchase for me an annuity contract and/or invest in such custodial account in accordance with the provisions of Section 403(b) of the Internal Revenue Code.

The employee acknowledges and agrees to be fully and completely responsible for ensuring that the amount of the contributions for any calendar year does not exceed the limitation on annual additions set forth in Section 415, or the limitation on elective deferrals set forth in Section 402(g)(4) or (7) of the Internal Revenue Code. The employee further acknowledges and agrees that the Agency has the right to reduce the contributions elected if it is determined that the legal limit has been or will be reached and refund any excess deferrals or amounts.

The employee acknowledges that contributions must be coordinated with the State's 401(k) Plan.

The employee agrees to make in-service transfers from his or her 403(b) funds only to 403(b) companies approved by their Agency. Approved 403(b) companies and the employee's Agency are permitted to enforce this in-service transfer restriction. Notwithstanding the above, the employee understands that this agreement to restrict in-service transfers does not restrict his or her ability to make after-service transfers or to make direct rollovers of eligible rollover distributions from the 403(b) program to eligible retirement programs.

No provision of this agreement shall affect the Agency's right to dismiss the employee in accordance with State policies.

D. EMPLOYEE'S AUTHORIZATION

Employee Signature: _____ Date: _____