



Instructions: Make a copy (File > Make a copy) of this form to complete and submit. This Salary Reduction Agreement ("Agreement") is entered into between the above-described employee ("Employee") and Albion College ("the Employer") for salary reduction contributions to be made to the Defined Contribution Retirement Plan ("Plan") under Internal Revenue Code Section 403(b); the parties hereto agree as follows:

EMPLOYEE INFORMATION

Name		Banner ID	
Action	<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> End	Payroll	<input type="checkbox"/> Monthly <input type="checkbox"/> BiWeekly
Status	<input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Other	Effective Date*	

*Due to payroll deadlines every effort will be made to use the effective date or as soon as administratively feasible

Participation in the Plan and this Agreement are subject to the terms of the Plan, including any future amendments.

AUTHORIZATION TO MAKE SALARY REDUCTION

I authorize the Employer to withhold from compensation the following:

<u>VOLUNTARY PRE-TAX (002)</u> Employee Contribution	\$	per pay period (pre-tax)* Indicate zero, if applicable
<u>VOLUNTARY AFTER-TAX (Roth 061)</u> Employee Contribution	\$	per pay period (after-tax)* Indicate zero, if applicable

ALLOCATION OF FUNDS

Allocation of the *voluntary* contributions will be deposited by the Employer to the authorized funding vehicles. I understand that [I may make specific investment selections for my 403\(b\) account through the applicable service provider](#). Failure to submit investment choices timely, will result in my contributions invested in a default fund designated by the Employer.

DURATION OF AGREEMENT

I understand that this Agreement will continue unless I change or terminate this Agreement, or I am no longer employed by the Employer. I understand I may change or terminate this Agreement at any time by submitting a new Salary Reduction Agreement to the Office of Human Resources. The Employer may reduce or discontinue my salary reduction contributions in any year in which this Agreement is in effect if necessary to comply with applicable provisions of the Internal Revenue Code.

Signature (Typed Signature Acceptable)

Date

* This amount may be reviewed prior to the execution of this Agreement to ensure compliance with plan documents and IRS limitations and regulations. IRS maximum contribution amounts apply to your total voluntary elections for the traditional (pre-tax) and Roth 403(b) accounts through the College

HR USE ONLY

ER Contribution & Code:

6% ER Contribution Code: AF/AP/CF/IF/IP/TF = 700