

403(b) Optional Retirement Plan Salary Reduction Agreement

Identifying Information (Please see back page for assistance in completing this form)

Name:	
Employee Number :	

ACCOUNT TYPE	403(b) Pre-tax	403(b) Roth After-Tax	403B TDA**available only to employees already enrolled
OPTION	<input type="checkbox"/> New <input type="checkbox"/> Change	<input type="checkbox"/> New <input type="checkbox"/> Change	<input type="checkbox"/> Change Only
DEDUCTION PERCENTAGE	Pre-tax _____%	After-tax _____%	Pre-tax _____%

****TDA-No new enrollment or re-enrollment is allowed for this account type**

Deductions will be sent to:

TIAA - 1.800.842.2252 www.tiaa.org

Deduction will be invested to an age appropriate RF SUNY Moderate Model Series unless further instruction is received

If you determine a retirement target date fund or the default beneficiary of your “estate” is not for you, TIAA offers on-line enrollment. You can log on to the TIAA website (www.tiaa.org/rfsuny) and click Enroll Now. If you need assistance with enrolling online, call TIAA at 800 842-2888 or refer to the Informational Handout for more information.

This agreement will go into effect the payroll following the date signed or submission to your Research Foundation benefit representative, whichever is later.

By signing this agreement the employee acknowledges they have received and read about the plan in the Benefits Handbook as well as the informational handout and that this agreement is subject to terms of the plan. The employee also acknowledges responsibility for assuring the salary reduction amount through the Research Foundation and any other employer’s plan do not exceed the limits defined by the Internal Revenue Code (IRC). The employee further certifies that any retirement plan contributions made by a business in which the employee has a controlling interest have been reported to the RF following the instructions in the Optional Retirement Plan Informational Handout. This agreement can be terminated or changed at any time by completing a new form.

Date signed: _____ Employee Signature: _____

Date signed: _____ Research Foundation
Authorization: _____

Title: _____

In the section...	item...	enter...
Identifying Information	Name Employee Number	Name Enter your employee number which is found on your paystub.
Account Type	403(b) Pre-tax and 403(b) Roth After-tax 403(b) TDA Pre-Tax	Available to all RF non student employees Only available to employees who are currently enrolled and have deductions
Option	New Change	Check if you are signing up for a deduction for the first time Check if you have an existing account and are making a change.
Deduction Percentage	% of gross biweekly salary	Percentage for which you want your biweekly salary reduced (up to 2 decimal places) NOTE: If you are electing more than one option (e.g. 403(b) pre-tax and Roth or 403(b) pre-tax and 403(b) TDA pre-tax), enter a percentage for each Although you may reduce up to 100% of your salary net of FICA, the total reduction amount cannot exceed the annual limits stated in the handout. Further, you should allow for enough salary to cover payroll deductions for employee benefits, parking, etc.
Date and Signature		Sign and date the agreement. The agreement will go into effect the payroll following the date signed or submission to your campus Research Foundation benefit representative, whichever is later.