

# 2018 403(b) Optional Salary Reduction Agreement



Employee Name: \_\_\_\_\_

Gustavus ID #: \_\_\_\_\_

By signing below, I elect to reduce my salary in connection with my participation in the College’s 403(b) retirement program. I understand that this form will replace any previous elections.

1. I elect to reduce my salary/wages earned by an additional amount of:

**Pre-tax 403(b) Elective Deferral**

\$ \_\_\_\_\_ per pay period or  
 \$ \_\_\_\_\_ per year or  
 \_\_\_\_\_ %

**Roth 403(b) Elective Deferral (after-tax)**

\$ \_\_\_\_\_ per pay period or  
 \$ \_\_\_\_\_ per year or  
 \_\_\_\_\_ %

The College will apply the amount of the additional salary reduction to the purchase of a nonforfeitable annuity contract for you from TIAA.

2. The College does not guarantee the investment performance of the annuity contract. You, the employee, are responsible for investments in the annuity contract.
3. I understand there are limits on the amount that can be credited to an annuity contract or to another qualified retirement plan during a **calendar** year, as set forth by the Internal Revenue Code. For example, under one limit, no more than a maximum amount (\$18,500 for 2018 plus \$6,000 if the employee reaches age 50 by December 31, 2018) can be credited as an elective deferral in any calendar year, taking into account all plans in which I participate. It is my responsibility to notify the College if my contributions to different plans exceed the annual limit. In order to avoid tax penalties, I must notify the College of any excess contributions by March 1 of the year following the calendar year in which the contributions were made.
4. This agreement may be terminated by either party upon 30 days written notice to the other party.

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