Delta College Agreement for Elective Salary Deferral Under Section 403(b)

This form is necessary to begin, change or end contributions to your 403(b) account. Please note that contribution amounts elected on this form will remain in effect until a new form is submitted to the Finance Office.

Indicate how much you would like to contribute to your 403(b) account annually by choosing one of the following options:

Percentage per pay period

This amount will be a percentage of your salary per pay period. Contributions will change proportionally as your salary changes.

Specified amount per pay period

This option allows you to state a specific dollar amount to contribute each pay period.

Catch-up election for participants age 50 or older

If you will be age 50 or older this calendar year, you may make elect to make an additional contribution over the annual basic IRS 403(b) deferral limit. Pursuant to Secure Act 2.0 section 109, effective January 1, 2025, individuals turning 60, 61, 62, or 63 during the calendar year, are eligible for a higher catch-up limited to the greater of \$10,000 or 150% of the regular age 50 catch-up contribution.

Annual contributions allowed under IRS regulations change each calendar year. For guidance regarding annual 403(b) contribution limits refer to the IRS website at IRS.gov.

Provide your information:		
First Name	Middle Initial	Last Name
Social Security Number/ Taxpayer Identification Number	Employee Number	Contact Telephone Number
By this agreement, made between		
agree as follows:		(the Employee) and Delta College (the Employer), we
agree as follows:		
execution of this Agreement, a portio	n of your salary will be defe llege will forward your conti	ribution for investment in accordance with the

This Agreement shall be legally binding and irrevocable for both the Employer and the Employee while employment continues. However, either party may terminate or otherwise modify this Agreement as of the end of any month (or pay period, if applicable) by giving at least thirty days' written notice so that this Agreement will not apply to salary subsequently paid.

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Employee Name	ure Please submit this Contact Informat	Date Form to Katie Kaczmarek, Finance Office B-118 ion katiekaczmarek@delta.edu (989) 686-9390 Plan Administrator Use Only Benefit Code:
Employee Name	ure Please submit this Contact Informat	Form to Katie Kaczmarek, Finance Office B-118 ion <u>katiekaczmarek@delta.edu</u> (989) 686-9390
Employee Name		Date
	(please print)	
Contributions		
Discont	nue my 403(b) contributions	D) account, please check the box below:
\$	per pay	
shall be contrib	You are not eligible for the puted as follows (check one)% of gross salary	is extra catch-up in the year you will turn age 64. This additional amour
Pursuant to Se	cure Act 2.0 section 109, ef	fective January 1, 2025, individuals turning 60, 61, 62, or 63 during the ch-up limited to the greater of \$10,000 or 150% of the regular age 50 cat
	% of gross salary per pay	
This amount mu	st not exceed the statutory lir	nitation under IRC Section 414(v).
	Section 402(g), whichever is le	that does not exceed the Employee's statutory limitation under IRC ess. nal catch-up contribution shall be contributed as follows (check one):
This amount will	per pay	
\$	% of gross salary	