# 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

Agreement will not apply to salary subsequently paid.

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.

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.

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

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 En	nployer), we
Effective for amounts paid on or after execution of this Agreement, a portion of	of your salary will be defe ge will forward your contr	ibution for investment in accordance with the	

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Contact Info	Date it this Form to Katie Kaczmarek, Finance Office B-118 formation katiekaczmarek@delta.edu (989) 686-9390 Plan Administrator Use Only		
Employee Signature Please submi Contact Inf	it this Form to Katie Kaczmarek, Finance Office B-118 formation <u>katiekaczmarek@delta.edu</u> (989) 686-9390		
	Date		
Employee Name (please print)			
Discontinue my 403(b) contributions will be remitted by De	utions  Ita College to TIAA as the authorized funding vehicle.		
\$per pay  To discontinue contributions to your 403(b) account, please check the box below:			
For employees age 50 or older, an ac	dditional catch-up contribution shall be contributed as follows (check one) atory limitation under IRC Section 414(v).		
This amount will produce a total contrib Section 415 or Section 402(g), whichever	oution that does not exceed the Employee's statutory limitation under IRC ver is less.		
\$per pay			