

**USU DISTRIBUTION AGREEMENT  
EMPLOYEE POST TAX RETIREMENT CONTRIBUTION FOR  
ROTH 403(B)**

**AGREEMENT**

EMPLOYEE:	A#
Effective on Pay Date:	This form must be turned in by the 15 <sup>th</sup> of the month prior to the start of the contribution.

By this Agreement made between Utah State University and the Employee, the Parties agree as follows: With respect to amounts paid on or after the Effective Date (which date is subsequent to the execution of this Agreement), the amounts indicated below will be deducted from the Employee's monthly salary. The University will forward the amount of such deduction to the Employee's designated Roth 403(b) investment program as designated by the Employee.

This Agreement shall be legally binding, irrevocable, and automatically renewed each year hereafter while employment continues, with provisions that either Party may (a) terminate this Agreement as of the end of any month so that it will not apply to salary subsequently paid, or (b) renew the agreement with a different stated amount of salary deduction. Agreements may be made on a monthly basis. *The Employee must complete the Agreement and return to HR by the 15<sup>th</sup> of the month prior to the Contribution Effective Date.*

Calendar Year	Maximum Contribution
2016 / 2017	\$18,000

**INVESTMENT SELECTION – SALARY**

<b>ROTH 403(b)</b>		\$		%	NOTES
FIDELITY	566		666		
TIAA	565		665		
<b>TOTAL SALARY REDUCTION</b>					

**Catch-Up Rule** If you are or will be age 50 or older during the year, you may contribute an additional amount up to \$6,000 per year in addition to the Maximum Contribution amount listed above.

I am age 50 or over and wish to make a catch up contribution of \$ \_\_\_\_\_.

**15-Year Catch-Up Rule** – If you have been employed at least 15 years at the University, you may be able to elect to defer an additional amount of up to \$3,000 per year, subject to a lifetime maximum of \$15,000. **Contact your Investment Provider for a calculation to determine if you are eligible for a catch-up contribution.**

I have been employed at least 15 years. I wish to defer an additional amount of \$\_\_\_\_\_.

The amount indicated above will produce a total contribution that does not exceed the Employee's statutory limitation under IRC Section 415 or Section 402(g), whichever is less.

## CERTIFICATION

I hereby understand and certify as follows:

- I wish to participate in the Utah State University Post-Tax Roth 403(b). I hereby authorize and direct the University to reduce my compensation by the amount shown on this form and to remit such amount to the Investment Provider(s) identified. I understand that my total contributions for each calendar year cannot exceed the contribution limit set by the Internal Revenue Code.
- I understand that this salary reduction agreement **revokes and replaces** any Roth 403(b) Plan Salary Reduction Agreement which I have previously signed. I understand that the contributions will be **deducted each pay period**. This Salary Reduction Agreement is irrevocable with respect to amounts paid while the Agreement is in effect. It will remain in effect until replaced with a different Salary Reduction Agreement or cancelled in writing.
- I understand that unless I contact the Investment Provider and request different investment choices for my account, the funds will be invested in a target retirement date life-cycle fund based on my current age and anticipated retirement at age 65. I understand that I may change my investment options at any time by contacting the Investment Provider. I assume responsibility for reading and understanding the materials provided by the investment companies regarding investments and for selecting among the alternatives.
- If this agreement is not received by the payroll processing deadline of the 15th of the month prior to the contribution effective date, contributions will begin the following pay period.
- I understand that I may not access funds contributed to my account until one of the following events occur: (a) I reach age 59 1/2; (b) I retire from the University, (c) I experience an eligible hardship or request a loan, or (d) I have terminated employment with USU.
- I understand and acknowledge the Human Resource Department cannot give me tax or investment advice regarding my retirement account(s); I can obtain information and advice through my Investment Provider.

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