

**USU SALARY REDUCTION AGREEMENT  
EMPLOYEE PRE-TAX RETIREMENT CONTRIBUTIONS FOR  
403(b) & 401(k)**



EMPLOYEE:	A#
Contribution effective date (Pay Date):	This form must be turned in by the 15 <sup>th</sup> of the month prior to the start of the contribution.

- New Enrollment**
                 
  **Contribution Change**
                 
  **Cancel 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 Employee's monthly salary shall be reduced by the amounts indicated below, and at the same time the University will forward the amount of such reduction to the Employee's designated 403(b) or 401(k) investment program as designated by the Employee.

**\*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 Annual Contribution amount.

**15-Year Catch-Up Rule** – This only applies to 403(b) plans, not 401(k) plans. 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 to determine if you are eligible.**

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

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 reduction. 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	Annual Maximum Contribution
2018	\$18,500

INVESTMENT SELECTION – You must elect a \$ amount OR a %, but not both.					
403(b) PLANS	Payroll Deduction Code	\$ per month	Payroll Deduction Code	% per month	Example
FIDELITY	556		656		
TIAA	557		657		
401(k) PLANS	Payroll Deduction Code		Payroll Deduction Code		
URS	553		653		\$500.00
PRINCIPAL/EMIA	564		664		
<b>SUB-TOTAL SALARY REDUCTION</b>					\$500.00
*If adding a catch up contribution enter a monthly amount on this line in either \$ or %					\$500.00
<b>GRAND TOTAL SALARY REDUCTION</b>					\$1000.00

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 403(b) Tax-Deferred Annuity Plan (the "Plan") or the USU 401(k) Tax Deferred Contribution Plan. 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 403(b) Plan or 401(k) 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: \_\_\_\_\_