

**UNION COLLEGE**  
**RETIREMENT PROGRAM INVESTMENT ELECTION FORM**  
*Agreement for Salary Reduction Under Section 403(b)*

BY THIS AGREEMENT, made between \_\_\_\_\_ and Union College,  
we agree as follows: (Print Name)

I. Under the rules and regulations of the Union College Retirement Program, I elect to have the College's contribution (11% of my annual salary/wage) for my retirement allocated as follows:

\_\_\_\_\_ % TIAA/CREF                      \_\_\_\_\_ % Fidelity

II. If this section is completed, I elect to have my salary reduced by \_\_\_\_\_% of my pay before taxes and allocated as follows:

\_\_\_\_\_ % TIAA/CREF    \_\_\_\_\_ % Fidelity    \_\_\_\_\_ % TIAA/CREF-SRA    \_\_\_\_\_ % TIAA/CREF-GSRA

III. If this section is completed, I elect to have my annual salary reduced by \$\_\_\_\_\_ of my pay before taxes and allocated as follows:

\$\_\_\_\_\_ TIAA/CREF    \$\_\_\_\_\_ Fidelity    \$\_\_\_\_\_ TIAA/CREF-SRA    \$\_\_\_\_\_ TIAA/CREF-GSRA

This salary reduction will not exceed my statutory exclusion allowance under Section 402(g), Section 415, or Section 414(v) (for employees age 50 and over) (See Reverse Side). Employees maximizing contributions or making contributions in excess of 402(g) limits (catch-up contributions) must complete a "Retirement Contribution Self Audit Form," indicating category of the "catch-up contribution," and provide a copy of a Tax-Deferred Annuity (TDA) calculation.

\_\_\_\_\_  
*(Employee Signature)*

\_\_\_\_\_  
*(Effective Date)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*SSN #*

\_\_\_\_\_  
*(Human Resources Signature)*

*Human Resources Only:*

	<b>NO.</b>		<b>ST</b>	<b>FQ</b>	<b>AMT</b>	<b>ADDITIVE</b>	<b>SC</b>	<b>Date Entered</b>
1. <b>CONTRIBUTION:</b>	20	Hourly	A	A				
	20	Contract	A	A	11		P	_____
	21	Fidelity	A	A				
2. <b>DEDUCTION:</b>								
	SALARY REDUCTION	20 TIAA	A	A	_____	_____	_____	_____
		21 Fidelity	A	A	_____	_____	_____	_____
SRA REDUCTION	25	TIAA	A	A	_____	_____	_____	_____
GSRA REDUCTION	26	TIAA	A	A	_____	_____	_____	_____

- A. I understand that I may change the amount of my salary reduction at any time, as permitted under the terms of my Employer's 403(b) Plan, by filing a Retirement Program Investment Election Form with my Employer 30 days prior to the date that I wish the change to take effect.
- B. I understand that I may terminate this Agreement at any time by filing a Retirement Program Investment Election Form indicating termination, with my Employer 30 days prior to the date I wish this Agreement to be terminated.
- C. This agreement may not (i) require an amount of contribution which will exceed my maximum exclusion allowance under Internal Revenue Code ("Code") Section 402(g) or the limitation on annual additions under Code Section 415 and Code Section 414(v) (for employees age 50 and over, or (ii) permit an aggregate amount of salary reduction contributions under the Plan which, when added to elective deferrals made on my behalf to another 403(b) annuity or 401(k) plan for a taxable year, exceeds allowable amounts under Code Section 402(g)(1)). I understand that I am responsible for determining that the amount of my salary reduction does not exceed the limits on contributions in this section. I also understand that my Employer will provide to me upon my request, any available information from the Employer's records that is necessary to enable me to make these determinations.