

Dickinson State University

SALARY REDUCTION AGREEMENT

403(b), 403(b) Roth or 457(b) Supplemental Retirement Annuity

| | | | |
|----------------------------|-------------------|-----------|----------------------|
| Name: Last | First | MI | Employee ID # |
| Daytime Telephone # | Department | | Fax # |

This Salary Reduction Agreement replaces and cancels all previous Agreements on file.

If you are changing the amount of a 457(b) plan through NDPERS do not use this form.

Please note if this is a new 403(b) or 457(b) account with TIAA, an application must be completed online (tiaa.org/dickinsonstate/) or contact the Payroll Office for a paper application.

I authorize Dickinson State University to reduce my monthly basic salary to allow for the purchase of a 403(b) or 457(b) supplemental retirement benefit on my behalf and to remit the designated amounts to the provider(s) indicated below. Contributions to a 403(b) will produce a total institution contribution that does not exceed the employee's statutory limitation under Internal Revenue Code Section (IRC) Section 415 or Section 402(g), whichever is less. Contributions to a 457(b) will produce a total deferral that does not exceed the applicable limitations of IRC Section 457(b) and IRC Section 414(v).

| Effective Pay Date | Provider | Amount Per Pay Period (dollar amount or percent) | |
|--------------------|---|---|---|
| | TIAA 403(b) (pretax) Supplemental Retirement Annuity Contract | \$ | % |
| | TIAA Roth 403(b) (after tax) Supplemental Retirement Annuity Contract | \$ | % |
| | TIAA 457(b) Deferred Compensation Plan | \$ | % |
| | Retirement Annuity Company Name: | \$ | % |

I understand that I bear the risk of the performance of the product of my choosing, that Dickinson State University has no fiduciary responsibilities in this area, and that Dickinson State University is not liable for any tax consequences occurring under these programs. This agreement shall be legally binding and irrevocable for the Institution and the Employee while employment continues. However, either party may terminate or otherwise modify this Agreement as of the end of any pay period by giving written notice so that this Agreement will not apply to salary subsequently paid.

| | |
|---------------------------|-------------|
| Employee Signature | Date |
|---------------------------|-------------|

Please return to the Office of Human Resources, May Hall room 309