

Abilene Christian University 403(b) Retirement Plan Salary Election Form

This form *must* be completed in its *entirety* and returned to the office of Human Resources: AD 213 or ACU Box 29106. Amounts are limited to the maximum allowed by the applicable IRS limits. This agreement will take effect at the next applicable payroll period and can be changed by giving notice in accordance with the terms of the Plan.

Section I (For Full and Half Time Employees ONLY): (Please check only one box below)

I, the undersigned employee, elect to:

direct _____% (select 1- 8%) of my base salary toward the Plan with a matching percentage, or

not participate in contributions to the Plan.

Section II (For All Eligible Employees): Additional Non-Matched Contributions (optional):

\$_____ (*whole numbers only*) contributed to the Plan beginning with the salary payment due _____ . I understand this deferral amount is *not* matched by Abilene Christian University.

EXECUTED this ____ day of _____, 20____

EMPLOYEE:

Signature

Printed Name

Banner ID #

For Payroll Use Only: 530\$ _____ 532(E1) 532(E2)

Effective Date: _____ Initial: _____ Date: _____ HR Approval: _____ Date Received: _____