

CHOATE ROSEMARY HALL

Agreement for Elective Deferrals under Section 403(b) (New Enrollees MUST also complete a TIAA-CREF enrollment form)

(Please Print)

Name: _____

Date of Hire: _____ Date of Birth: _____

By this Agreement, made between Choate Rosemary Hall and myself, the parties hereto agree as follows:

- Effective with respect to compensation earned on or after the first day of, _____ (which date is subsequent to the execution of this Agreement), my compensation will be reduced by the amount indicated below.
- The Agreement shall be legally binding and irrevocable as to each of the parties hereto while employment continues; provided, however, that either party may terminate or modify this Agreement as of the end of any month, so that it will not apply to compensation subsequently earned, by giving at least thirty day written notice of the date of termination.

The amount of pre-tax compensation to be paid to my supplemental tax-sheltered savings/annuity account (my "Pre-Tax Elective Deferrals") shall be:

The amount represented by _____ % of my compensation **or** \$ _____ per pay period.

The amount of post-tax compensation to be paid to my supplemental tax-sheltered savings/annuity account (my "Roth Elective Deferrals") shall be:

The amount represented by _____ % of my compensation **or** \$ _____ per pay period.

Such amounts will produce a contribution not in excess of the employee's statutory applicable limit under Section 403(b), and 415 of the Internal Revenue Code.

Over Age 50

For employees age 50 or over, an additional catch-up contribution may be contributed. This amount must not exceed the statutory limitation under IRC 414(v). This additional catch up contribution shall be contributed as follows:

\$ _____ annual pre-tax contribution \$ _____ annual post-tax Roth contribution

OR

☐ **I elect not to contribute at this time**

This Agreement is my elective deferrals agreement with respect to the Plan. I agree that the combined total contributions (CRH contribution and reduction in compensation) to my annuity contract(s) under the Plan and to my elective deferrals contract(s) will not exceed the statutory applicable limit under Sections 403(b) and 415 of the Internal Revenue Code.

SIGNATURE: _____ Date: _____

Human Resources Department: _____ Date: _____