## Deerfield Academy Agreement for Salary Reduction under Section 403(b)

By THIS AGREEMENT, made between		(the Employee) and Trustees of Deerfield
Academy (the Institution), the parties hereto agree	as follows:	(the Employee) and Trustees of Deerfield
Effective for amounts paid on or after		
	modify this Agreemen	tution and the Employee while employment continues.  t as of the end of any month (or pay period, if applicable) by ation subsequently paid.
The amount of the salary reduction contribution	ns* shall be: (check or	ne)
( )% of compensation per	pay period (whole perc	rentages)
( ) The % of compensation that will res	sult in the maximum an	nount allowed
Designation of Pre-and Post-Tax Contribution percentage to be contributed accordingly. This percentage to be contributed accordingly. The percentage to be contributed accordingly.	ercentage must total 10	salary reduction amount(s) indicated below, designate the 0%.
% Roth Elective	e Deferrals (Post –tax)	
This amount will produce a total Institution contrib 415 or Section 402(g), whichever is less.	ution that does not exce	eed the Employee's statutory limitation under IRC Section
For employees age 50 and over, additional catch umust separately elect this amount:	ip contributions are per	mitted under IRC section 414(v). If you are eligible, you
( )% of compensation pay	per pay period (whole	percentages)
( ) The % of compensation that will res	sult in the maximum ca	tch-up amount allowed
For employees with 15 or more years of service be permitted. If you are eligible, you must separat		catch up contribution per year for a maximum of 5 years may
<ul><li>( ) per pay period</li><li>( ) Maximum Catch-up Amount (\$3,00</li></ul>	00 per year for maximu	m of 5 years)
NOTE: If you are currently contributing to another representative. Certain restrictions may apply.	403(b), 457(b), or 401	(k) plan, it is <u>your</u> responsibility to notify the Academy's
It is understood that the amount defined above will lannuities (GSRA).	be contributed by the A	cademy to the TIAA-CREF Group Supplemental Retirement
Declination of Enrollment:		
		Supplemental Retirement Annuity and I wish to decline will not prohibit me from enrolling in this plan at a later date.
This document should be reviewed with the Hum	an Resources Office p	orior to the execution of this Agreement.
Employee:		Date:
Human Resources:		Date:
(Name)	(Title)	
For Office Use Only:  Received (Date/Initial): Ent	tered (Date/Initial):	Filed (Date/Initial):

12/1/2015