

## Catch-Up Contributions Agreement for Salary Reduction under Section 403(b)

The annual IRS maximum contribution for 2025 is \$23,500. However, for employees age 50 or over or employees with 15 or more years of service, an additional catch-up contribution may be allowed by the IRS. This amount must not exceed the statutory limitation under IRC §414(v). This catch-up increases in 2025 if you are age 60-63. If you would like to contribute an additional amount, you must complete and return this form to Corporate People Operations.

BY THIS AGREEMENT, made between hereto agree as follows:	and Devereux, the parties
Age 50 or over – up to an additional \$7.500	
I would like to contribute the full \$7,500	
I would like to contribute the following an	mount:
Age 60-63 in 2025 – due to Secure Act 2.0 – u contribution	p to the greater of \$10,000 or 150% of the normal Catch-up
I would like to contribute \$11,250 (150%	of the regular catch-up contribution)
I would like to contribute the following an	mount:
*15 or more years of service – up to an addition	onal \$3,000 – I have attached the TDA Calculation from TIAA
I would like to contribute the full \$3,000	
I would like to contribute the following a	mount:
*Both conditions are met – up to an additiona	I \$10,500 – I have attached the TDA Calculation from TIAA
I would like to contribute the full \$10,500	
I would like to contribute the following an	mount:
The effective date of the Salary Reduction Agree signed, whichever date is later. The employee's distributed among the approved funding vehicles	ement will be, or the date the agreement is base annual salary will be reduced by the amount indicated above and as as designated.
I request that my voluntary catch-up contributions be distribut	red to the following authorized funding vehicles:
Keep Current Allocations (please check) OR	
Tax Deferred 403B Plan	% TIAA Retirement Contract, RC
Roth After Tax 403B Plan	% TIAA Roth Retirement Contract, RC
(The above allocations must equal the total percent elected fr	rom the base annual salary)
Please divide as close as possible equally to all re	emaining checks ORPlease divide as follows:
Employee Signature	Date
Last 4 digits of Employee Social Security Number	Center #
Center People Operations Representative	National People Operations Representative