UNION COLLEGE RETIREMENT PLAN
INVESTMENT ELECTION, PARTICIPATION, and DOCUMENT RECEIPT FORM
Agreement for Salary Reduction under Section 403(b)

Name:_____ (Please Print)

I. Receipt of Universal Availability Notice, Summary Plan Description, and Summary of Material Modifications

☐ Completion of this section signifies that I have received a copy of Union College's 403(b) Retirement Plan Universal Availability Notice, Summary Plan Description, and Summary of Material Modifications.

II. Union's 11% Defined Contribution *(This section applies to Union's contribution on your behalf)*

Under the rules and regulations of the Union College Retirement Plan, if eligible, I elect to have the College's contribution (11% of my annual salary/wage) allocated as follows (total percent indicated must add up to 11):

_____ % TIAA _____% FIDELITY

III. Employee's Pre-Tax 403(b) Contribution *(This section applies to your voluntary pre-tax payroll deducted contribution)*

If this section is completed, I elect to have my salary/pay reduced by _____% or by $_____ ◯ per pay/◯ annually (check one) before taxes and allocated as follows:

_____ TIAA-GSRA _____ FIDELITY { _____ TIAA _____ TIAA-SRA}

{ For existing Union College contracts only }

IV. Employee's Roth (After-Tax 403(b)) Contribution *(This section applies to your voluntary after-tax payroll deducted contribution to the Roth 403(b) account)*

If this section is completed, I elect to have my salary/pay reduced by _____% or by $_____ ◯ per pay/◯ annually (check one) after taxes and allocated as follows:

_____ TIAA _____ FIDELITY

V. Non-Participation Election

☐ Completion of this section signifies that I am electing not to make a voluntary contribution to the Union College 403(b) Retirement Plan at this time. This election only relates to my voluntary contributions and does not mean that I am declining participation in the employer-contributed portion of the plan. Should I decide to begin voluntary contributions, I understand that I must complete a new Investment Election Form.

Amounts indicated will produce a total College contribution that does not exceed the maximum amount permitted by law. In addition, employee contributions will not exceed the statutory limitation under IRC Section 403(b) with this plan alone or in aggregate with plans through other employers. I understand that I am responsible for determining that the amount of my salary contributed does not exceed the limits on contributions. I also understand that my employer will provide to me, upon my request, any available information from the employer's records that is necessary to enable me to make these determinations. For employees age 50 and over or employees with at least 15 years of service, the employee contribution amount may include an additional catch up contribution to the maximum amount permitted by law. This agreement shall be legally binding and irrevocable for both the institution and the employee while employment continues. However, the employee may terminate or otherwise modify this agreement at anytime by completing and submitting a new Retirement Plan Investment Election, Participation and Document Receipt Form at least 30 days prior to the desired effective date of a change.

* ☐ _____ _____ _____

Employee Signature *ID #* *Date*

* If you are electronically submitting this form, put your electronic signature by marking the box and typing your name above.

Human Resources Only: Change Effective: ____/____/____.

		No.	ST	FQ	Amt	Additive
Contribution:		1020 TIAA	A	A	_____	_____
		1021 Fidelity	A	A	_____	_____
Deduction:	Salary Reduction	2020 TIAA	A	A	_____	_____
		2021 Fidelity	A	A	_____	_____
	SRA Reduction	2025 TIAA	A	A	_____	_____
	GSRA Reduction	2026 TIAA	A	A	_____	_____
	ROTH Reduction	2029 TIAA	A	A	_____	_____
		2023 Fidelity	A	A	_____	_____