

# Retirement PLUS

## INVESTMENT ELECTION FORM

\_\_\_\_\_  
(EMPLOYEE NAME)

\_\_\_\_\_  
(SOCIAL SECURITY NUMBER)

An eligible employee participating in RetirementPLUS may direct contributions made by the Mount Auburn Hospital or voluntary contributions to TIAA, Fidelity Investments, or both companies.

### EMPLOYER (HOSPITAL) CONTRIBUTIONS

I hereby elect the following allocation of Hospital contributions to:

\_\_\_\_\_ % to TIAA

\_\_\_\_\_ % to Fidelity Investments

100%

*An application must be completed from each company selected.*

### EMPLOYEE (VOLUNTARY) CONTRIBUTIONS

I hereby elect the following allocation of Employee Voluntary contributions to:

\_\_\_\_\_ % to TIAA

\_\_\_\_\_ % to Fidelity Investments

100%

*An application must be completed from each company selected.*

### SALARY REDUCTION AGREEMENT

Mount Auburn Hospital, hereinafter called the "Employer" and the person named on this form, hereinafter called the "Employee" agree as follows:

The Employer will reduce the Employee's compensation by \_\_\_\_\_ % per pay period, effective with the pay period beginning \_\_\_\_\_, or as soon as possible thereafter. This agreement will apply only to amounts made available after the date the agreement is signed by both the Employee and the Employer.

### CATCH-UP SALARY REDUCTION AGREEMENT

I certify that I have reached age 50 or will reach age 50 within the calendar year. Therefore, I intend to reduce my salary by up to an additional \$ \_\_\_\_\_. Date of Birth: \_\_\_\_\_

*The employer will apply the amount of said reduction on behalf of the Employee to a non-forfeitable account under a group annuity contract with TIAA or to a custodial account permitting investment at Fidelity Investments group of mutual funds. This agreement is legally binding and irrevocable with respect to amounts paid while it is in effect, except that the Employer may reduce or cancel the amount of voluntary salary reduction if the Employer determines that such amount exceeds the limitations of the Internal Revenue Code sections 403(b), 415 or 402(g).*

This agreement will continue in effect until change in writing by either party:

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Mount Auburn Hospital)

\_\_\_\_\_  
(Date)

