



# 403(b) SALARY REDUCTION AGREEMENT

NAME \_\_\_\_\_

**PAY CYCLE**

SSN OR EMPLOYEE ID# (NOT GTID) \_\_\_\_\_

MONTHLY

CAMPUS TELEPHONE NUMBER \_\_\_\_\_

BIWEEKLY

Effective with the payroll period beginning \_\_\_\_\_ I authorize Georgia Tech to reduce my salary by:

Vendor	Pre-Tax 403(b) Contribution <i>(Enter flat amount or percent below)</i>		Roth 403(b) Contribution <i>(Enter flat amount or percent below)</i>	
	Flat Amount per pay period (or)	Percent of Gross Salary	Flat Amount per pay period (or)	Percent of Gross Salary
Fidelity				
TIAA-CREF				

**TOTAL**

## I UNDERSTAND AND AGREE TO THE FOLLOWING:

- a. **THIS AGREEMENT CANCELS ALL PREVIOUS AGREEMENTS AND WILL REMAIN IN FORCE UNTIL MODIFIED OR CANCELLED. IF I PRESENTLY HAVE EITHER a pre-tax 403(b) or Roth 403(b) ACCOUNT AND I DO NOT LIST IT ON THIS SALARY REDUCTION AGREEMENT FORM, IT WILL BE CANCELLED.**
- b. This salary reduction agreement is made in accordance with Code Section 402(g), 403(b) and 415 of the Internal Revenue Code.
- c. I understand that this agreement is binding and irrevocable with respect to amount earned while the agreement is in effect.
- d. It is my responsibility to determine the amount I am eligible to exclude from income, including any amount withheld under "catch-up" provisions of the IRS code.
- e. Tax laws are subject to change, and it is not the responsibility of the Georgia Institute of Technology to inform me of changes in tax laws or other applicable statutes which may impact my participation in this plan.
- f. Any tax liabilities and/or penalties I may incur as the result of participation in this plan or as a result of subsequent changes in the Internal Revenue Code or other applicable statutes are mine.
- g. I understand that complete Institute rules governing tax deferred annuities and Roth 403(b)'s are available from the Office of Human Resources, and it is my responsibility to become familiar with these policies.
- h. I understand that the Roth 403(b) election is after-tax.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**IF YOU ARE ELIGIBLE FOR CAP EXPANSION (UP TO AN ADDITIONAL \$3,000 ANNUAL CONTRIBUTION WITH 15 OR MORE YEARS OF SERVICE), YOU MUST SIGN BELOW AND SUBMIT A SEPARATE VENDOR AUTHORIZATION FORM.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**YOUR ACCOUNT REPRESENTATIVE WILL ASSIST YOU IN DETERMINING YOUR ELIGIBILITY.**