



FORT VALLEY STATE UNIVERSITY 403(b) SALARY REDUCTION AGREEMENT

This agreement is made between

Employee's Name (Print)

XXX-XX-_____
Social Security Number (last 4 digits)

and Fort Valley State University (employer). Both parties agree that the employer will reduce the employee's salary by \$_____ per pay period. If this amount includes a catch-up contribution, please indicate below. The employer will send your contributions to the company(ies) you have selected in accordance with section 403(b) and/or 403(b)(7) of the Internal Revenue Code.

This salary reduction agreement will continue to be in effect this calendar year (or remainder thereof). This agreement will automatically be renewed January 1st of each year unless you notify, in writing, the Office of Human Resources to terminate it. This agreement may be terminated at any time by either the employee or the employer with respect to compensation not earned by the employee at the time of termination.

You are responsible for determining that any salary reductions listed below do not exceed your maximum allowable contribution as defined in the pertinent Internal Revenue codes. You are also responsible for tax consequences and investment decisions regarding your plan.

Please send my contributions to the following company(ies):

Allocation of Deduction per pay period	Name of Company
\$ _____	_____
\$ _____	_____
\$ _____	_____

My contribution includes \$_____ per pay period under the catch-up provision of the IRS code. The catch-up provision applies only to employees who have 15 years of service at Fort Valley State University or who are 50 years of age, or older.

EFFECTIVE WITH MY PAYCHECK ON _____, 20____

Please check one:

- This is a new agreement.
- This is a modified agreement.
- This terminates an existing agreement.

Employee's Signature

Date