

IRC 403 (b) Salary Reduction Agreement Supplemental Retirement

SECTION I: EMPLOYEE INFORMATION

Name: _____ MSU Employee ID# _____

Department _____ Campus Phone# _____ New Change

Home Address _____
(Street) (City) (State) (Zip)

SECTION II: INVESTMENT ALLOCATION

I direct that my contribution be allocated in the following manner:

Circle Company of Choice	Deduction Per Pay	Pay Method Hourly or Salary	Total Annual Amount
Accepting New Participants			
TIAA-CREF 403b (A094)	\$ _____	_____	\$ _____
TIAA-CREF 457b (A354)	\$ _____	_____	\$ _____
VALIC 403b (A025)	\$ _____	_____	\$ _____
VALIC 457b (A352)	\$ _____	_____	\$ _____
KY Deferred Comp 401k(A313)	\$ _____	_____	\$ _____
KY Deferred Comp 457b(A012)	\$ _____	_____	\$ _____
K.E.S.P.T. (M097)	\$ _____	_____	\$ _____
ING 403b (A028)	\$ _____	_____	\$ _____
ING 457b (A353)	\$ _____	_____	\$ _____

Changes Only – No New Participants

Equitable (A114)	\$ _____	_____	\$ _____
Metropolitan (V006)	\$ _____	_____	\$ _____
ING (A139)	\$ _____	_____	\$ _____
Transamerica (V075)	\$ _____	_____	\$ _____
Lincoln National (AO20)	\$ _____	_____	\$ _____
First Investors (A040)	\$ _____	_____	\$ _____
US Bank Corp. (A097)	\$ _____	_____	\$ _____

SECTION III: SALARY REDUCTION AGREEMENT

This agreement is entered into this _____ day of _____, 20____, by and between Morehead State University and _____. The parties signed below agree as follows: Effective with amounts paid on and after _____, 20____, the University shall reduce the Employee's pay by the amount specified above. This amount will be divided as indicated by the Employee in Section II.

Either party may amend or terminate this agreement by giving at least 30 days notice in writing to the Office of Human Resources. The Employee may enter into more than one salary reduction agreement within a calendar year, to the extent permitted under Section 403(b) of the Internal Revenue Code of 1986, as amended, or the regulations adopted thereunder.

Employee Signature

Human Resources Representative

INSTRUCTIONS FOR COMPLETION OF SALARY REDUCTION AGREEMENT

The following instructions refer to each corresponding section. **NOTE: You may also be required to complete a separate application form of the provider Agent.**

SECTION I

Please complete all information in this section. Check the “New” box if this is a new Salary Reduction Agreement. Check the “Change” box if this is a change in the current allocation of your investment.

SECTION II

Following is an example as to how to complete this section.

EXAMPLE:

Circle Company of Choice	Deduction Per Pay	Pay Method Hourly or Salary	Total Annual Amount
TIAA-CREF			
VALIC	\$ 15.00	Hourly	\$390.00

SECTION III

This agreement is entered into this (current day) day of (current month and year), by and between Morehead State University and (your name).

The parties signed below agree as follows: Effective with amounts paid on and after (the first payroll period you wish the salary reduction or allocation change to begin.)

**BE SURE TO SIGN THE SALARY REDUCTION AGREEMENT FORM
AND HAVE IT SIGNED BY A HUMAN RESOURCES REPRESENTATIVE.**