Board of Trustees of Eastern Illinois University
Voluntary Tax-Deferred Retirement Plan
Salary Reduction Agreement

Clear Form

Name: _____ **E-Number** _____

Campus Phone: _____

____ Monthly Payroll: Pay Period Effective Date: _____ ____ New or Restart
____ Bi-Weekly Payroll: ____ Change
____ Terminate

Salary Reduction Amount Per Pay Period:

_____ **Must be <u>Whole</u> Percent OR <u>Exact</u> Dollar Amount $ _____**

____% OR Dollar $_____ TO _____(Company)
____% OR Dollar $_____ TO _____(Company)
____% OR Dollar $_____ TO _____(Company)
____% OR Dollar $_____ TO _____(Company)

Terms of Agreement

The undersigned employee (employee) of the Board of Trustees of Eastern Illinois University (University) hereby requests reduction in earnings (as said term "earnings" is defined in section 15-111 of the Illinois Pension Code as amended) from the University payable to the employee. Said reduction, as permitted under internal revenue code section 403(b), it to commence on the effective date specified herein and continue until terminated or revised in writing by the employee or the employee ceases to be employed by the University. The University shall pay the amount of the reduction to the company or companies designated above for the purchase of an annuity contract(s) and/or shares in regulated investment company stock held in a custodial account(s) owned by the employee. It is understood that the University may decline to make such reduction in earning at any time without prior notice for any cause the University deems sufficient.

Change in salary reduction amount is permitted for (4) times per calendar year. Employee is responsible for obtaining and providing a maximum exclusion allowance calculation acceptable to the University prior to starting or increasing deferrals.

Employee Signature: _____ Date:_____

Return to Benefits Services, Room 2031 Old Main, Charleston, IL 61920-3099 (217) 581-5825

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University Office Use Only

Code	Company	Action	Amount	Pay Period	Special Election(s) Made
013	Ameriprise Fin	N C T	_____	_____	____Alternate 415(c)(4) (a)
008	First-Mid/Amer	N C T	_____	_____	
007	ING	N C T	_____	_____	____Alternate 415(c)(4) (b)
095	Fidelity	N C T	_____	_____	
001	TIAA-CREF	N C T	_____	_____	____Alternate 415(c)(4) (c)
019	VALIC	N C T	_____	_____	
012	Lincoln Nat	N C T	_____	_____	____15 Year Catchup Option
015	Travelers	N C T	_____	_____	
0B7	Legends	N C T	_____	_____	**<u>Annual Goal</u>**
028	Equitable	N C T	_____	_____	$

Received By:_____ Date: _____ Processed By: _____ Date: _____