



**Associated Universities, Inc.
Agreement for Salary Reduction
403b ROTH Post-Tax Contribution**

ROTH Post-Tax Contribution

BY THIS AGREEMENT, made between _____ (**Employee**) and Associated Universities, Inc., we agree as follows:

The employee's pay period salary will be reduced by the amount indicated below. In turn, the Institution will forward the elected amount to the employee's 403b account(s), which the employee will allocate among the funding vehicles approved by the Institution.

Please indicate the effective date you wish for your contribution to begin (or change). All contributions must begin on the first day of a pay period.

Monthly - _____ 21st, 20____ (*21st day of month, first day of the pay period (Ex. January 21 will be deducted on February's paycheck))

Biweekly - _____, 20____ (*24 pay periods (payroll schedule available in ESS under Important Fiscal Information))

*With respect to the salary reduction amount indicated below, the designated percentage to be contributed to a ROTH account must combine with the annual IRS limits with a pre-tax 403b.

ROTH 403b:

- An amount equal to _____% of the employee's annual salary
- \$ _____ bi-monthly monthly
- It is the employee's intention to contribute the maximum amount allowed per calendar year, with no contribution to the pre-tax account.

This amount will produce a total Institution contribution that does not exceed the Employee's statutory limitation under IRC Section 415 or Section 402(g), whichever is less.

ROTH Catch Up:

Check here if you are eligible for the age 50 and over "Catch-Up" provision and intend to take the deduction. This amount is also offset by pre-tax contributions (if applicable).

Full Deduction (divided by remaining periods) Partial Deduction \$ _____ per pay period

It is understood the contribution shall be paid as follows (percentage total must equal 100%):

TIAA Supplemental Retirement Annuity Contract _____%

Fidelity Group Funds _____%

This agreement will supersede and cancel any prior salary reduction agreement that may have been in effect for me.

By _____ (Employee signature) _____ Employee # _____ Date

By _____ For Associated Universities, Inc. _____ Date

For HR Use Only (For split percentage contributions)

403 ROTH Payroll Amount

TIAA \$ _____

Fidelity \$ _____

403 ROTH CU Payroll Amount

TIAA \$ _____

Fidelity \$ _____

JDE _____