

**WASHINGTON STATE UNIVERSITY
AGREEMENT FOR SALARY REDUCTION UNDER SECTION 403(b)
VOLUNTARY INVESTMENT PLAN**

Circle one: New Change Cancel

By THIS AGREEMENT, made between (please print) _____, Social Security Number* or WSU ID# _____ and Washington State University, we agree as follows:

Effective with amounts earned on or after the (first) (sixteenth) day of (month) _____, 20____, which date is subsequent to the execution of this agreement, the Employee's salary will be reduced by the amount indicated below.

This Agreement shall be legally binding and irrevocable for both Washington State University and the employee while employment continues. However, either party may terminate or otherwise modify this Agreement as of the end of any pay period by giving at least fifteen days written notice of the date of termination or modification, so that this Agreement will not apply to salary subsequently earned.

The employee salary will be reduced by: \$ _____ or \$ _____
Minimum per pay period is \$15.00 (per pay period) (for the year)

This amount will produce a total Washington State University contribution that does not exceed the employee's statutory limitation under IRC Section 415 or Section 402(g), whichever is less. For employees age 50 and over, this amount may include any additional catch-up contribution permitted under IRC 414(v).

The amount will be contributed by Washington State University to TIAA-CREF Voluntary Investment Plan.

If you are participating in the Voluntary Investment Plan for the first time you must also complete the online application for the TIAA-CREF Group Supplemental Retirement Annuity by following the procedures in the TIAA-CREF packet. Return this form to Human Resource Services, campus zip 1014 or PO Box 641014, Pullman WA. 99164-1014.

FOR OFFICE USE:

Signed this ____ day of _____, 20____

Signed this ____ day of _____, 20____

(Employee)

(Employer)

*It is unlawful for WSU to deny to any individual any right, benefit, or privilege provided by law because the individual refuses to disclose his or her social security number except in very limited circumstances. WSU requests the voluntary disclosure of your social security number on this form. If provided, WSU will use your social security number for only the following purposes: to correctly identify you for benefit enrollment.