



Rogue Community College

Human Resources

Salary Reduction Agreement 403(b) Plan (Tax Sheltered Annuity)

1. NAME _____ SOCIAL SECURITY NO. _____

2. ACTION REQUESTED ON THIS AGREEMENT – Check only one box:

- New Enrollment (*Complete vendor application to open account first*)
- Enrollment Change
- Restart Contributions
- Stop Contributions

3. EFFECTIVE DATE: Earnings after first day of: _____

4. **TAX SHELTERED AUTHORIZATION:** Employee authorizes salary reductions by the amount indicated and authorized Rogue Community College to transmit funds to the company(s) designated. Employee understands that IRC 403(b) or Section 402(g)(1)(B) limits maximum contribution and that limits apply to contributions made through RCC and all other employers. This agreement supersedes all prior agreements, and includes all company(s) including those that have not changed. Maximum Elective Deferral Limit for 2009: \$16,500.00

5. MONTHLY REDUCTION PER PAY PERIOD

Amount _____	TSA Company _____
Amount _____	TSA Company _____
Amount _____	TSA Company _____

6. **ADDITIONAL CONTRIBUTIONS:** The above amount(s) include additional elective deferrals based on the following additional contribution limits. (Check only if you are eligible and would like to authorize catch-up contributions).

- Age 50 (or over) Catch-Up Elective Contributions (IRC Section 414(v))
The maximum for 2009 is \$5,500

7. **RELEASE AND WAIVER:** The Participant hereby releases Rogue Community College District (the employer), the Plan Administrator, the Plan, the Board of Education, and all their past and/or present members, directors, officers, employees, advisors, consultants, agents, and other representatives of any of the foregoing, successors and assigns, in their individual and/or representative capacities, from any and all causes of action, suits, agreements, promises, damages, disputes, controversies, contentions, differences, judgments, claims, and demands of any kind whatsoever ("Claims") that he or she, or his or her heirs, executors, administrators, successors and assigns ever had, now have, or may have against any of the foregoing, whether known or unknown, by reason of any investment of the Participant's Account, or failure to invest the Account, in accordance with the Participant's investment instructions to the employer, or by reason of the investment options made available by the employer for participant-directed investments.

Employee (Participant) Signature _____ Date _____

For Human Resources/Payroll Office Use Only:			
HR Signature: _____	Date Received: _____		
Date Processed: _____	Effective Date: _____	<input type="checkbox"/> Eligible for Age 50 Catch-up - DOB: _____	

Submit form to Christine Murff, PERS & Payroll Specialist, RWC-"M" Bldg for processing.