

457(b) Deferred Compensation Plan

Auburn University

Voluntary Salary Deferral Agreement

| YOUR INFORMATION | | | |
|---|------------|--------------|---|
| | PLEASE | PRINT | |
| | | | |
| Banner ID Number (Required) | First Name | | Last Name |
| | | First Day of | , 20 |
| Date of Birth | | | Effective Date (see "Next Steps" below) |
| HOW MUCH DO YOU WANT TO SAVE? Pre-Tax Savings (Check One) | | | |
| Enter the percentage you wish to contribute to your retirement savings account. The smallest amount you can contribute is 1% of your Plan compensation. Your contribution amount must be made in a whole percentage. | | | |
| % Stop All Contributions | | | |
| | | | |
| WHERE DO YOU WANT TO DIRECT YOUR CONTRIBUTION? (Check one company only) | | | |
| The Plan only allows you to direct your pre-tax contribution to one approved Plan provider at a time . Please check the box next to the Company you have selected: | | | |
| Fidelity Investments TIAA-CREF | | | |
| VALIC Retirement Systems of Alabama (RSA-1) | | | |
| | | | |
| AUTHORIZATION | | | |
| This Agreement shall be legally binding and irrevocable for both the Employer and the Employee with respect to amounts paid while this Agreement is in effect and shall automatically be renewed each January 1 hereafter, unless a new agreement is entered between the Employee and Employer during the year. The Employee may terminate the salary reduction agreement with respect to compensation not yet earned anytime during the year by submitting a new Voluntary Salary Deferral Agreement. | | | |
| If you are contributing to the 457(b) Plan for the first time please make certain that you have contacted the receiving company to setup your Plan account. | | | |
| The Employer may terminate the salary reduction agreement within the guidelines of the Internal Revenue Code or Auburn University's 457(b) Deferred Compensation Plan. | | | |
| It will be the Employee's sole responsibility that any salary reduction contributions pursuant to this agreement do not exceed the exclusion allowance limitations of Section 457(b) and Section 415(c) of the Internal Revenue Code. | | | |
| Participant Signature | | Date | |
| NEXT STEPS | | | |
| When you submit this completed form, Auburn will implement your contribution request the first day of the month following the date on which the agreement is made or as soon thereafter as administratively practicable. | | | |
| To make changes to your contribution amount after you have enrolled, please complete a new Voluntary Salary Deferral Agreement. Forms are available from Payroll & Employee Benefits or on the web-site at www.auburn.edu/payroll. | | | |
| FOR PAYROLL & EMPLOYEE BENEFITS USE ONLY | | | |
| | | | |
| Processed Date | | Processed | l by (initials) |