Williston State College

SALARY REDUCTION AGREEMENT

403(b), 403(b) Roth or 457(b) Supplemental Retirement Annuity

Name Last (print)	First	MI	
Daytime Telephone #	Emj	ployee ID #	
	1		

This Salary Reduction Agreement replaces and cancels all previous Agreements on file.

Do not use this form if you are changing the amount of a 457(b) plan through NDPERS. Please contact the Payroll Office if you have questions concerning this form.

Please note if this is a new 403(b) or 457(b) account with TIAA an application must be completed online (tiaa.org/wsc).

I authorize the Williston State College to reduce my monthly basic salary to allow for the purchase of a 403(b) or 457(b) supplemental retirement benefit on my behalf and to remit the designated amounts to the provider(s) indicated below. Contributions to a 403(b) 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. Contributions to a 457(b) will produce a total deferral that does not exceed the applicable limitations of Internal Revenue Code Section 457(b) and Internal Revenue Code Section 414(v).

Effective Pay Period Date	Provider	Amount Per Pay Period (dollar amount or percent)	
	TIAA 403(b) (pretax) Supplemental Retirement Annuity Contract	\$	%
	TIAA Roth 403(b) (after tax) Supplemental Retirement Annuity Contract	\$	%
	TIAA 457(b) Deferred Compensation Plan	\$	%
	Retirement Annuity Company Name: (as approved by WSC agreement)	\$	%

Please note: we have a 2 week delay in payroll. Pay Period Date of 1/1 thru 1/15 will affect your pay check dated 1/31. Pay Period Date of 1/16 thru end of month will affect your pay check dated 2/15.

I understand that I bear the risk of the performance of the product of my choosing, that Williston State College has no fiduciary responsibilities in this area, and that Williston State College is not liable for any tax consequences occurring under these programs. This agreement shall be legally binding and irrevocable for the Institution 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 thirty days written notice so that this Agreement will not apply to salary subsequently paid.

Employee Signature	Date (Mo/Day/Year)	