SUNY 403(b) VOLUNTARY SAVINGS PLAN
SALARY REDUCTION AGREEMENT

By THIS AGREEMENT, made between _____, an employee at _____ campus and the State University of New York (employer), the parties hereto agree as follows:

This Agreement represents a: New Agreement: _____ Change to an existing Agreement: _____
(For new Agreements you will also need to submit an account enrollment form to the appropriate Investment Provider).

Cancellation of existing Agreement: _____

Effective with respect to amounts paid on or after _____,20___, which date is subsequent to the execution of this agreement, or as soon as possible thereafter, the employee's salary will be reduced by the amount indicated below. The employer will contribute that amount to the employee's account with:

___ TIAA-CREF
___ ING*
___ MetLife*
___ VALIC*
___ Fidelity*†

_____
Name of Investment Provider Agent

_____
Agent Phone Number

** Available to UUP and Unclassified MC employees only.*
† 403(b)(7) mutual fund account.

The amount of the salary reduction will be $_____ per payroll period, or $_____ per year (*please select only one of these options and leave the other field blank*). This amount, together with any amounts previously or subsequently contributed during this calendar year through Agreements with SUNY, or any other employer, must produce a total contribution that does not exceed the limitations of Internal Revenue Service (IRS) Code Section 415 or Section 402(g), whichever is least. Please be advised a Maximum Annual Calculation is available to you from your investment provider.

This Agreement shall be legally binding and irrevocable as to each of the parties hereto while employment continues and shall replace any existing Agreement currently in effect. Either party may terminate or modify this agreement as of the end of any payroll period by giving at least 30 days written notice, so that this Agreement will not apply to salary subsequently paid.

_____	_____	XXX-XX-_____	_____
Employee Signature	Date	Social Security Number *(Please include the last 4 digits only)*	Date of Birth

_____	_____
Campus or Daytime Phone	Email Address

Please submit this form to your campus Human Resources or Payroll Office for processing.

Administration Use Only Below This Line.

_____ _____
Employer Signature Date

Plan Type: TDA (405) _____ SRA (404) _____ Fidelity (408) _____ AIG, ING, Met Life (415) _____

Annual Contribution: $_____ Catch-up Used?: 50+: ___ 15 Year: ___ Date Deductions Begin: _____

Revised – 07/08