SUNY 403(b) VOLUNTARY SAVINGS PLAN
SALARY REDUCTION AGREEMENT

By THIS AGREEMENT, made between _____, an employee at SUNY New Paltz 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

** 403(b)(7) mutual fund account.*

The amount of the salary reduction will be $_____ per payroll period. 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. Responsibility for assuring that total annual salary reduction contributions do not exceed the maximum exclusion allowance defined in the IRS Code rests solely with the employee. 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 Date of Birth
(Please include the last 4 digits only)

_____ _____
Campus or Daytime Phone Email Address

Please submit this form to Human Resources (HAB203) for processing.

Administration Use Only Below This Line.

_____ _____
Employer Signature Date

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

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

Max. Annual Contribution: $_____

Revised – 02/10