

Southern Illinois University Carbondale Supplemental Retirement Plan SALARY REDUCTION AGREEMENT

Section I: Employee Information			
Please read information carefully before completing.			Effective Date: <input type="checkbox"/> As soon as possible <input type="checkbox"/> Date: _____ <small>(Pay date) mm/dd/yyyy</small>
Employee Name: Last	First	Middle	AIS/Emp #
Employing Department	Work Phone Number	I want to defer the maximum this tax year <input type="checkbox"/> Yes <input type="checkbox"/> No	Pay Type <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly
E-mail Address	Date of Birth	I am/will be age 50 or older this tax year <input type="checkbox"/> Yes <input type="checkbox"/> No	This tax year I contributed to another employer's voluntary retirement plan <input type="checkbox"/> Yes <input type="checkbox"/> No

*For those with 9-month academic appointments, contributions will be taken during summer if on appointment.

I WANT TO:

- BEGIN** or **RESUME** contributions - *Complete Sections II and III below*
- CHANGE** future contribution **AMOUNTS** and/or **COMPANY(IES)** - *Complete Sections II and III below*
- TERMINATE** participation - *Complete Section III below*

Section II: Begin/Resume/Change

I, an employee of Southern Illinois University Carbondale, am entering into this Salary Reduction Agreement ("Agreement") with Southern Illinois University Carbondale ("University") in order for salary reduction contributions to be made on my behalf to the Southern Illinois University Carbondale Supplemental Retirement Plan ("Plan") under Section 403(b) of the Internal Revenue Code ("Code").

I authorize the University to reduce my salary (as defined in the Plan) by the amount indicated below, and to remit this salary reduction contribution each pay period to the vendor(s) indicated below. I understand that this Agreement will take effect as soon as administratively practicable following the date I have indicated above, or if later, as soon as administratively practicable following the date that I complete this Agreement and return it to the Benefits Office. **Note that an Agreement received less than 5 business days before a pay date may not take effect until the following pay period.** I understand that this Agreement will remain in effect until I change or terminate it by submitting a new Agreement, which I may do at any time. I acknowledge that this Agreement applies only to salary not yet paid or made available to me.

This Agreement REPLACES AND CANCELS ALL PREVIOUS AGREEMENTS ON FILE. Only contributions to the vendors listed below will continue after the effective date of the Agreement.

IMPORTANT: You must have an existing 403(b) account with each vendor listed, or file an account application with the vendor **BEFORE** your first contribution is remitted. Two weeks lead-time for new accounts is strongly recommended to ensure that the vendor promptly credits your contributions.

Remit to	Amount Per Pay Period <i>(Use whole \$ or whole %)</i>	OFFICE USE ONLY		
		Element Name	Entry Date	Contribution Limit
Vendor	or %			
Vendor	or %			
<input type="checkbox"/> Defer from lump sum vacation/sick payment. TOTAL PER PAY PERIOD	or %			

Section III: Signatures

I have read and will abide by the Participant Obligations and Responsibilities stated on the reverse side of this Agreement. I agree to follow the rules and procedures of the University, the Plan and my vendor(s).

Employee Signature	Date (Mo/Day/Year)
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Name/Signature of Designated Representative	To Be Completed by the Benefits Office		
Signature	Vendor	Paycheck Date	AIS Payroll
Signature	Vendor	Signature of Designated University Representative	

Send or fax ORIGINAL to HR Employee Benefits, 900 S Normal Ave., Woody Hall, MC 6520, Carbondale, IL 62901
Keep a Copy for Your Records. See <http://hr.siu.edu/benefits/index.php> for information on the Plan.
Check your earnings statement to verify that this Salary Reduction Agreement has been processed accurately.

Southern Illinois University Carbondale Supplemental Retirement Plan SALARY REDUCTION AGREEMENT

This is an official University document. Salary reduction contributions will NOT be made to the Plan on your behalf until you have completed and returned the Southern Illinois University Carbondale Supplemental Retirement Plan Salary Reduction Agreement to the Employee Benefits Office, Mailcode 6520.

Participant Obligations and Responsibilities:

The following applies to all participants in the Southern Illinois University Carbondale Supplemental Retirement Plan:

1. Federal Contribution Limits:

- I understand that my salary reduction contributions under this Agreement cannot exceed the limits as determined under Code Section 402(g) or 415(c), except as permitted by Code Section 414(v) allowing age 50 catch-up contributions (as explained below).
- I understand that Code Section 402(g) limits my salary reduction contribution under this Agreement to a "general dollar limit." However, my actual dollar limit may be higher than the general dollar limit if I will be 50 years old (or older) by the end of the calendar year.
- If I will be at least 50 years old by the end of the calendar year, I understand that I may make additional "catch up" salary reduction contributions above the general dollar limit. These additional catch-up salary reduction contributions, which are referred to as "age 50 catch up contributions," are provided under Code Section 414(v).
- I understand that the dollar limit, with all appropriate adjustments described above, applies to any contributions I make on a pre-tax basis in a calendar year to any retirement plans in which I participate (not including SURS, deferred compensation plans or flexible spending plan contributions), including plans maintained by other employers.
- I understand that, if my salary reduction contributions to the Plan and to other retirement plans exceed the applicable dollar limits described above in any calendar year, the excess will be taxable to me both in the year the contribution was made and in the year of distribution unless I timely request to have the excess returned to me. To have the excess returned to me, I must notify my vendor of the excess before March 1 of the year following the year in which the excess contribution was made (e.g. March 1, 2010 for excess amounts deferred in 2009). If the notice is timely given, my vendor will distribute the excess amount of the contribution (with any accrued earnings) to me on or before April 15 of the year following the excess contribution.
- I understand that my salary reduction contributions to the Plan and other retirement plans for each year is also limited, except as permitted under Code Section 414(v) allowing age 50 catch-up contributions, by the general rules of Code Section 415.
- I understand that I may contact the Benefits Office for information on the applicable current contribution limits detailed above.

2. Salary Reduction Agreement Changes: I understand that I may stop, start, or change my future salary reduction contribution amount at any time during the year by submitting a new Agreement to the Benefits Office. I understand that it is my responsibility to monitor my earnings statement each payday to ensure that my deductions are made in the correct amount and are sent to the correct vendor(s).

3. Salary Reduction Agreement Termination: I understand that to stop my contributions, I must submit a new Agreement to the Benefits Office. I further understand that if I terminate employment, my Agreement will automatically terminate, and if I later return to employment, I must file a new Agreement to resume contributions. I understand the University may reduce or discontinue the Agreement at any time if necessary to comply with the applicable provision of the Internal Revenue Code.

4. Investment Responsibility: I understand that I am responsible for my Plan investment decisions. This responsibility includes informing myself of the nature and risk of the investments, monitoring my investments, and determining when a change in investments is appropriate. The University and the Board of Trustees are in no way liable for investment gains or losses, penalties or tax consequences resulting from this Agreement.

5. Other Responsibilities:

- I understand that this Agreement is legally binding and irrevocable with respect to amounts paid or made available while the Agreement is in effect. Therefore, amounts previously withheld from my pay under the terms of this Agreement cannot be returned to me unless I am eligible for a distribution under the terms of the Plan.
- I authorize the University to release to or obtain from my vendor any information that the University or the vendor may reasonably require in order to administer the Plan or my accounts under the Plan.
- I understand that nothing contained in this Agreement shall be deemed to constitute an employment agreement, and nothing contained herein shall be deemed to give me any right to continued employment with the University.

6. Correction: I understand that it is my responsibility to verify that this Agreement has been accurately processed by comparing it to my earnings statement. I agree to contact the Benefits Office immediately should I find any discrepancy.