

Agreement for Salary Reduction / Supplementary Retirement Plan

P.O. Box 7424, Winston-Salem, NC 27109
Phone: 336-758-5996 Fax: 336-758-5004
Web Site: www.wfu.edu/hr

SECTION I – EMPLOYEE INFORMATION

Employee Name: _____ Paid: Monthly Biweekly
(Please Print)

WFU ID Number: _____ Phone Ext: _____

I hereby request and authorize Wake Forest University to reduce my base salary by the amount indicated below effective with salary earned on or after ____/____/____ (1st day of the pay period) and continuing throughout the duration of my employment. This agreement is legally binding and irrevocable with respect to amounts earned while the agreement is in effect. I understand that I may change or terminate my voluntary contributions at any time by signing a new salary reduction agreement and returning it to the Benefits Office. For employees age 50 and over, the amount elected may include any additional catch-up contribution under IRC 414 (v), and/or the 15-year catch-up provision.

SECTION II – EMPLOYEE ELECTION

Select One:

Maximum Amount

I would like to contribute the maximum amount permitted by law. I understand by making this election, my deduction will automatically be changed each January 1st to reflect the new limit permitted by law for the year.

HR Use Only Reference: Auto Max			
280 \$	281 %	282 RH%	283 GR%
270 \$	271 %	272 RH%	273 GR%
285 \$	286 %	287 RH%	288 GR%

Plan Sponsor	Allocation	% Percent of Gross Salary	OR	\$ Amount per Pay Period
Fidelity Investments				
TIAA-CREF (GSRA)				
Vanguard Group				
Total	100%			

Specific Amount

I would like to contribute: \$ _____ per pay period or _____ % of my base pay per pay period as designated below.

HR Use Only			
280 \$	281 %	282 RH%	283 GR%
270 \$	271 %	272 RH%	273 GR%
285 \$	286 %	287 RH%	288 GR%

Plan Sponsor	Allocation	% Percent of Gross Salary	OR	\$ Amount per Pay Period
Fidelity Investments				
TIAA-CREF (GSRA)				
Vanguard Group				
Total	100%			

I elect to terminate my voluntary contributions effective _____ (last day of pay period).

I do not wish to participate at this time.

Prior YTD Reductions: _____

SECTION III – EMPLOYEE SIGNATURE

Employee Signature _____

Date _____

Benefits Representative _____

HR Use Only
Date Application Received: _____
Entered by: _____ Date: _____

MEA _____ For _____ (yr)