Georgia Southern University
403(b) & Roth 403(b) Salary Reduction Agreement

Return this form to PO Box 8104

Name: ________________________________

Employee ID #:____________________

Please check:
☐ 403(b)   ☐ Roth 403(b)

Please check:
☐ New Agreement   ☐ Contribution Change   ☐ Terminate Agreement

403(b) Salary Reduction
Before Tax

Participant (employee) authorizes that Georgia Southern (employer) will reduce your salary by the following amount per pay period with the following company.

$________________________ (indicate dollar amount)
(indicate company) ___________________________ %
(indicate company) ___________________________ %

Roth 403(b) Salary Reduction
After Tax

Participant agrees that Georgia Southern (employer) will reduce your salary by the following amount with VALIC.

$________________________ (indicate dollar amount)

The only Roth 403(b) company available is VALIC

Effective Date

Check Box
☐ My contribution includes a catch-up provision under the IRS code for employees over the age of 50.

I understand and agree to the following:

1. Your employer will send your contributions to the company(ies) you have selected in accordance with section 403(b) of the Internal Revenue Code.

2. Participants may choose to make both pre-tax and after-tax Roth 403(b) contributions; however the combined total cannot exceed the maximum deferral limit by the IRS.

3. It is my responsibility to determine the amount I am eligible to exclude from income, including any amount withheld under “catch-up” provisions of the IRS Code.

4. You are responsible for tax consequences and investment decisions regarding your plan.

5. Tax laws are subject to change, and it is not the responsibility of Georgia Southern University to inform me of changes in laws or other applicable statutes which may impact my participation in this plan.

6. This agreement cancels all previous agreements and may be terminated at any time by either the employee or the employer with respect to compensation not earned by the employee at the time of termination. By signing this form you understand that Georgia Southern University has the right to initiate adjustments to your account for any deposits made in error.

__________________________________________
Employee Signature
Date

__________________________________________
Employer Signature
Date

Office Use Only
Empl#___________ 39A 39F 39H 39Y Date Keyed___________ Register Ck.___________ File_________

Updated 2/22/2018