



Salary Reduction Agreement

Last Name	First Name	MI	Employee ID Number
Phone Number	Pay periods per year 26 <input type="checkbox"/> 24 <input type="checkbox"/> 22 <input type="checkbox"/> 18 <input type="checkbox"/>	Biweekly <input type="checkbox"/>	New Enrollment <input type="checkbox"/>
Email Address		Semimonthly <input type="checkbox"/>	Change Contribution Amount <input type="checkbox"/>
			Stop Contribution <input type="checkbox"/>

Salary Deferral Elections: Indicate plan election(s) and either a dollar amount or a percentage contribution per pay period.

TIAA	Check the applicable box(es)	Stop Contribution	New or Change Indicate the dollar amount or percentage per pay period			
403(b)	<input type="checkbox"/> Pre-tax	<input type="checkbox"/>	\$	OR		%
	<input type="checkbox"/> Post-tax (Roth)	<input type="checkbox"/>				
457(b)	<input type="checkbox"/> Pre-tax	<input type="checkbox"/>	\$	OR		%
	<input type="checkbox"/> Post-tax (Roth)	<input type="checkbox"/>				

These elections and changes will be effective as soon as administratively possible. Please note special effective date instructions for delayed payroll deduction:

Important notice if first time election at WMU: You need to open an account at TIAA (tiaa.org/wmich). By signing this agreement, you are confirming that you have completed the online enrollment process. Instructions are available at: <https://wmich.edu/hr/forms/retirement>.

Catch-up contributions to Roth (\$603): To the extent I'm age 50 or older and my WMU plan allows me to make age-based catch-up contributions above the IRC Section 402(g) limit, I direct such contributions to be made as Roth amounts if my FICA wages from my employer from the prior calendar year exceed \$150,000 (as indexed annually). Further, I understand that, if the plan permits, if I am ages 60-63, I may contribute up to the increased age-based catch-up threshold in accordance with applicable law.

WMU has selected a deemed Roth election that allows the plan to automatically designate any age-based catch-up contributions as Roth contributions.

I acknowledge that this agreement supersedes all prior voluntary salary reduction agreements and that the total salary reduction amount cannot exceed 75% of compensation, after mandatory payroll withholdings that include but are not limited to taxes and health premiums.

In addition, I understand that this agreement affects contributions from my paychecks on dates after it is received by Western Michigan University and that contributions will not be retroactive. I also understand that my salary reduction will begin with the first pay period following receipt of this agreement by WMU, unless I specify above a later date. If I am a new hire, I understand that the salary reduction must begin with a full pay period. I also understand that this agreement will remain in effect until I complete a new agreement or until I reach the contribution plan limit. I further understand that this agreement is legally binding while my employment continues but that either party may terminate or otherwise modify it at any time. I understand that I am solely responsible for the gains and losses resulting from my investment elections.

I understand that combined pre-tax and post-tax (Roth) contributions cannot exceed annual maximum limits for 403(b) plan contributions and additionally for 457(b) plan contributions. I acknowledge that if deductions reach the maximum amount within the calendar year, WMU will stop payroll deductions until January 1 of the following calendar year. My contributions will then resume as noted above on January 1 without submission of a new salary reduction agreement.

As a WMU employee, I am choosing to contribute a portion of my compensation to the 403(b) Tax Deferred Annuity and/or 457(b) Deferred Compensation retirement plans as pre-tax or post-tax (Roth) payroll deductions. I understand that the amount that I choose to defer shall not exceed the applicable limitation of Internal Revenue Code Sections 415, 402(g) and 414 (v), whichever is less, as applicable. I further understand that amounts contributed will be invested with the available investment options offered by TIAA that I select or with the default investment if I fail to select. I acknowledge that if I contribute to a non-WMU 403(b) and/or 457(b) plan or another qualified retirement plan during the same calendar year, I should consult my tax advisor regarding the overall limits that apply in my individual circumstances.

Signature of Participant

Date Signed

Upon completion of this form, please make a copy for your records and fax, email, deliver or mail the form to:

Western Michigan University Human Resources

Email: hr-hris@wmich.edu | Fax: (269) 387-3441

Western Michigan University Human Resources | 1903 W Michigan Ave. | Kalamazoo, MI 49008-5217

Phone: (269) 387-3620

Campus location: 1270 Seibert Administration Building

For HR Internal Use Only

403(b) Limit _____

457(b) Limit _____

Biweekly ☐

Semimonthly ☐

Record No. _____

Pay period begin date _____

Entered by _____

Date _____