

# 403(b) Retirement Plan Supplemental Retirement Account (SRA) Salary Reduction Agreement

## SECTION 1: PERSONAL INFORMATION AND ELECTION

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Employee's Full Name Email Address OSU Employee ID# (required)

authorize and direct the university to reduce my eligible compensation by the amount indicated below and to submit that amount to the 403(b) provider elected below or stop my 403(b) contributions, as indicated below, to be effective on or as soon as administratively feasible and allowed according to IRS and plan document rules:

\_\_\_\_\_, 20\_\_\_\_\_.

## SECTION 2: PROVIDER AND ACCOUNT INFORMATION

**STEP 1: 403(b) Provider:** \_\_\_\_\_

Contributions will begin or continue to be remitted to the above named 403(b) provider.

I have established a 403(b) account with the selected provider.

**STEP 2: 403(b) Account Number/Plan ID# (last four digits/characters only):** \_\_\_\_\_

**This election will not be considered valid unless an account number is listed.**

**STEP 3: 403(b) Contribution Amount:**

I elect \$ \_\_\_\_\_ per pay, up to the maximum allowed by law in the 403(b) Retirement Plan, including the age 50 catchup if eligible.

I elect to stop 403(b) contribution.

**NOTE:** If the elected contribution will cause you to exceed the annual IRS maximum, contributions will be stopped and a new election will be required to begin contributions the following year. If the limit is reached in December, a new enrolment is not required.

### This SRA agreement is for the following providers:

- Ameriprise Financial, Inc.
- ASpire Financial Services, LLC
- AXA/Equitable Life Ins. Co.
- Fidelity Investments
- FTJ Fund Choice
- Lincoln Financial Group
- Metropolitan Life Ins. Co.
- Nationwide
- T. Rowe Price Retirement Plan Services, Inc.
- The Legend Group
- TIAA
- VALIC
- VOYA Financial Advisers

## SECTION 3: CERTIFICATION STATEMENT

**I understand and agree that:**

1. The effective date of this agreement is the later of (a) the date specified in Section I above and (b) the date permitted under the terms of the university's 403(b) retirement plan.
2. I hereby authorize and direct the university to reduce my eligible compensation each pay period by the amount elected above and to remit such amount to the 403(b) provider elected above. I understand that my total deferrals for each calendar year cannot exceed the maximum set by the Internal Revenue Code and it is my responsibility to monitor compliance with these rules.
3. Contributions made under this Agreement are subject to Medicare taxes and may be subject to state and/or local taxes.
4. If I do not open a 403(b) account and provide a valid 403(b) account number in Section 2 above, this Agreement will be null and void.
5. This Agreement revokes and replaces any Salary Reduction Agreement which I previously submitted, and shall remain in effect during my continued employment with the university unless a hardship distribution is obtained, the IRS limits are reached before December of the applicable plan year or this Agreement is superseded by a new Salary Reduction Agreement submitted by me. **NOTE: If the amount you elected above will cause you to reach the annual maximum set by the Internal Revenue Code before December of a plan year, contributions will be stopped and a new election and Agreement will be required to begin contributions the following plan year. If the annual maximum set by the Internal Revenue Service is reached in December of a plan year, this election will continue automatically and a new election will not be required.**
6. In the event of an adverse ruling by the Internal Revenue Service concerning my or the university's federal income tax liability arising out of my election to participate in the university's 403(b) Retirement Plan, it will be my responsibility to satisfy any federal income tax deficiency, including interest and penalties, assessed against me or the university.
7. This Agreement is subject to the terms and conditions of the university's 403(b) Retirement Plan.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return completed form to:** Office of Human Resources, 1590 North High Street, Suite 300, Columbus, OH 43201-2190 or fax to 614-292-7813. **Retain a copy for your records.**