

**USU SALARY REDUCTION AGREEMENT
EMPLOYEE PRE-TAX RETIREMENT CONTRIBUTIONS
457(b)**

EMPLOYEE:	A#
Contribution Effective Date (Pay Date):	This form must be turned in by the 15 th of the month prior to the start of contribution.

- New Enrollment**

 Contribution Change

 Cancel Contribution

By this Agreement made between Utah State University and the Employee, the Parties agree as follows: With respect to amounts paid or otherwise made available on or after the Effective Date (which date is subsequent to the execution of this Agreement), the Employee's monthly salary shall be reduced by the amounts indicated below, and at the same time the University will forward the corresponding amount of such reduction to the Employee's 457(b) account as designated by the employee.

***Catch-Up Rule:** If you are or will be age 50 or older during the year, you may contribute an additional amount up to \$6,000 per year in addition to the Annual Maximum Contribution amount.

Underutilization Catch-up Rule: During each of the three calendar years prior to the year that you reach your normal retirement age (age 65) you may be eligible to contribute up to double the Maximum Contribution amount for that year, to the extent you did not contribute the Maximum Contribution amount in prior years (does not include Age 50 catch-up amounts). **Contact your Investment Provider to determine if you are eligible.**

I understand the underutilization catch-up rule and I would like to contribute \$ _____ per month towards the underutilization catch-up.

The amount deferred hereunder will produce a total deferral that does not exceed the applicable limitations of Internal Revenue Code Section 457(b).

This Agreement shall be legally binding, irrevocable, and automatically renewed each year hereafter while employment continues, with provisions that either Party may (a) terminate this Agreement as of the end of any month so that it will not apply to salary subsequently paid or otherwise made available, or (b) renew the agreement with a different stated amount of salary reduction. Agreements may be made on a **monthly basis**. *The Employee must complete the Agreement and return to HR by the 15th of the month prior to the Contribution Effective Date.*

Calendar Year	Annual Maximum Contribution
2019	\$19,000

INVESTMENT SELECTION – You must elect a \$ amount OR a %, but not both.						
	457 PLANS	<small>Payroll Deduction Code</small>	\$ per month	<small>Payroll Deduction Code</small>	% per month	Example
	VALIC	560		660		
	TIAA	554		654		\$300
	FIDELITY	569		669		
	URS	552		652		
SUB-TOTAL SALARY REDUCTION						\$300
	*If adding a catch up contribution enter a monthly amount on this line in either \$ or %					\$500
GRAND TOTAL SALARY REDUCTION						\$800

CERTIFICATION

I hereby understand and certify as follows:

- I wish to participate in the Utah State University 457(b) Plan (the "Plan"). I hereby authorize and direct the University to reduce my compensation by the amount shown above and to remit such amount to the Investment Provider(s) identified above. I understand that my total contributions for each calendar year cannot exceed the contribution limit set by the Internal Revenue Code and that it is my responsibility to monitor compliance with these rules.
- I understand that this salary reduction agreement **revokes and replaces** any 457(b) Plan Salary Reduction Agreement which I have previously signed. I understand that the contributions will be **deducted each pay period**. This Salary Reduction Agreement is irrevocable with respect to amounts paid while the Agreement is in effect. It will remain in effect until replaced with a different Salary Reduction Agreement or cancelled in writing.
- I understand that unless I contact the Investment Provider and request different investment choices for my account, the funds will be invested in a target retirement date life-cycle fund based on my current age and anticipated retirement at age 65. I understand that I may change my investment options at any time by contacting the Investment Provider. I assume responsibility for reading and understanding the materials provided by the investment companies regarding investments and for selecting among the alternatives.
- If this agreement is not received by the payroll processing deadline of the 15th of the month prior to the contribution effective date, contributions will begin the following pay period.
- I understand that I may not access funds contributed to my account until one of the following events occur: (a) I reach age 70 1/2; (b) I retire from the University; or (c) I experience an eligible hardship or request a loan. I understand that amounts I withdraw will be subject to taxes and may be subject to IRS penalties depending on my age at the time of withdrawal.
- I understand and acknowledge the Human Resource Department cannot give me tax or investment advice regarding my retirement account(s); I can obtain information and advice through my Investment Provider.

Employee Signature: _____ Date: _____