

403(B) RETIREMENT PLAN ST. OLAF COLLEGE ELECTION/CHANGE WAGE REDUCTION AGREEMENT

THIS AGREEMENT is made between		(the Employee)
and St. Olaf College (the College), with respect to wage amou	nts to be deduc	ted for the purpose of
being contributed and invested in the St. Olaf College 403(b) F	Retirement Plan	(the Plan). This
Agreement covers wages earned during the pay period that be	gins after this si	gned Agreement is
received by the Payroll Office. The Employee's pay will be red	uced by the per	centage amount(s)
indicated below, and the amount of the reduction will be sent		
This Agreement shall be legally binding and irrevocable while t		
However, either party may terminate this Agreement as of the		•
apply to wages subsequently earned, by giving at least five wor	• ,	•
of the next pay period. Only one Agreement for-a wage reduct	ion may be mad	le per calendar month.
The maximum wage reduction for the 2022 plan year shall be s	\$20,500. Howe	ver, for Employees who
will reach age 50 by December 31, 2022, or are above age 50, a		• •
\$6,500 (for a total of \$27,000) may be contributed. These are		•
reduction in later years may be increased by the IRS. For comp	olete informatio	n about the Plan, refer to
the Plan Document.		
Matched Contributions (Eligible Employees only)		
The amount of matched wage contributions shall be:	□ 0 % □ 1%	□ 2% □ 3%
These contributions shall be deducted as (choose one):	☐ Pre-Tax	☐ ROTH (Post-Tax)
Unmatched Contributions ————————————————————————————————————		
If desired, choose unmatched contribution amounts in increme	ents of at least ().5%:
The amount of the pre-tax wage contributions shall be:		_% Pre-Tax
The amount of the Roth post-tax wage contributions shall be:		_% ROTH (Post-Tax)
	.0	
Employee authorizes the total amount of the wage reduction s	•	0
this, and any other Wage Reduction Agreements the Employee	•	•
produce a total College contribution that exceeds the limits sp	ecified in Section	ons 402(g) and 414(v)
(if applicable) of the Internal Revenue Code.		
Effective Date of Change(s):/		
Enective Date of Change(3)//		
Employee Signature	Signature Date	

Please sign this form and return it to the Payroll Office in Tomson Hall, room 132.