

**SALARY REDUCTION AGREEMENT FOR THE ROBERT WOOD JOHNSON FOUNDATION
MATCHED SAVINGS PLAN**

PARTICIPANT INFORMATION (Please print)

Employee Name:

SALARY REDUCTION AGREEMENT

By completing this form, you agree to have the Robert Wood Johnson Foundation (the "Foundation") reduce your monthly compensation as defined under the Matched Savings Plan (the "MSP") by the amount(s) you indicate below. The amount(s) will be deposited in the TIAA-CREF investment options designated by you. The amount of Salary Reduction Contributions indicated below may not exceed the annual limitations set forth in the Internal Revenue Code.

In addition, participants who are age 50 or older at any time during the plan year may contribute an additional "Age 50 Catch-Up Contribution" to the MSP. Age 50 Catch-Up Contributions will be credited, however, only to the extent you make the maximum amount of Salary Reduction Contributions permitted under the MSP for the plan year. The amount of your Age 50 Catch-Up Contributions cannot exceed the annual limitations set forth in the Internal Revenue Code.

SALARY REDUCTION CONTRIBUTIONS ELECTION

<input type="checkbox"/> Initial Election OR <input type="checkbox"/> Change	I elect to reduce my compensation by: <input type="checkbox"/> _____% of compensation per month OR <input type="checkbox"/> \$_____ dollar amount of compensation per month OR <input type="checkbox"/> Internal Revenue Code maximum deferred over remaining monthly pays in the calendar year. I understand by electing the maximum amount my salary deferral will change each calendar year to stay synchronized with any future adjustments to the IRS limits.
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Discontinue my Salary Reduction Contributions and Age 50 Catch-Up Contributions, if applicable.

AGE 50 CATCH-UP CONTRIBUTIONS ELECTION

<input type="checkbox"/> Initial Election OR <input type="checkbox"/> Change	As a participant age 50 or older, I elect to reduce my compensation by: <input type="checkbox"/> _____% of compensation per month OR <input type="checkbox"/> \$_____ dollar amount of compensation per month OR <input type="checkbox"/> Internal Revenue Code maximum deferred over the remaining monthly pays in the calendar year. I understand by electing the maximum amount my salary deferral will change each calendar year to stay synchronized with any future adjustments to the IRS limits.
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Discontinue my Age 50 Catch-Up Contributions.

AUTHORIZATION

I understand that the Salary Reduction Contribution amount made pursuant to this election will be withheld from my paychecks and sent by the Foundation to TIAA-CREF to be deposited into the investment options designated by me. The effective date of this election is the first day of the calendar month following receipt of this Agreement by the Foundation's Human Resources Center.

I understand that this Agreement is legally binding and irrevocable with respect to compensation available to me while the Agreement is in effect. This Agreement will remain in effect until I complete a new Agreement, or until I leave the employ of the Foundation. Notwithstanding the forgoing, I understand that the Foundation may modify or suspend this Agreement as necessary to comply with any applicable laws or regulations.

Participant Signature:	Date:
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~ TO BE COMPLETED BY THE HUMAN RESOURCES CENTER ~

Approved By:	Date:
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Title:	Effective Date:
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