

Plan A

Case Western Reserve University Faculty and Executive Staff Salary Reduction Agreement and Investment Election Form

Name _____ Empl ID _____

Campus Address _____ Campus Phone _____

Plan A Participation: I elect the following investment carrier for my Plan A Retirement Account. Subject to a one year waiting period unless requirements are met for waiver of the waiting period. Certain exclusions apply to waiver of the Plan A waiting period. Newly appointed visiting faculty and full-time lecturers cannot waive the waiting period – contact Benefits Administration for details. (*Investment carrier enrollment must be completed when establishing new account.*)

- TIAA-CREF Annuity Contract (Plan #101685) Vanguard Custodial Account (Plan #090272)

Selection effective date: _____

Employee
Signature _____

Date _____

SRA Participation

- I elect to establish/continue a Supplemental Retirement Account. *Complete the remainder of this form and sign the Salary Reduction Agreement below.*
- I elect NOT to continue a Supplemental Retirement Account. *Complete and sign the SRA Waiver below.*

Investment Election: I elect the following account type and investment carrier for my Supplemental Retirement Account contributions. (*Investment carrier on-line enrollment must be completed when establishing new account.*)

Tax-Deferred 403(b) Contributions

- TIAA-CREF Annuity Contract (Plan #101686)
- Vanguard Custodial Account (Plan #090272)

Roth 403(b) After-Tax Contributions

- TIAA-CREF Annuity Contract (Plan #101686)
- Vanguard Custodial Account (Plan #090272)

Amount of Tax-Deferred Salary Reduction:

I direct that this amount be contributed on my behalf to the investment of my choice (indicated above).

\$ _____ /month beginning

Amount of After-Tax Salary Reduction:

I direct that this amount be contributed on my behalf to the investment of my choice (indicated above).

\$ _____ /month beginning

Salary Reduction Agreement: (Please read additional acknowledgement on back of form)

I authorize Case Western Reserve University to reduce my basic salary, effective as of the first day of the month following the month in which this agreement is executed. Such salary reduction amount will be applied by CWRU to purchase one or more annuity contracts and/or mutual funds for me, as set forth on this form. I understand that both my pre-tax and after-tax contributions are part of my allowable maximum contribution through CWRU. I acknowledge that this Agreement is subject to the conditions on the reverse side of this form, and that contributions to other tax-deferred plans can affect my allowable maximum contribution through CWRU. I understand that this Agreement will continue in force unless changed in writing by me.

Employee
Signature _____

Date _____

SRA Waiver

I elect to stop my participation in my:

- Tax-Deferred 403(b) Supplemental Retirement Account Roth 403(b) After-Tax Supplemental Retirement Account

End date _____ Employee Signature _____ Date _____

Benefits Administration Use Only

Effective Date _____ Received by _____ Date _____

Salary Reduction Agreement

I acknowledge that this Agreement is subject to the following conditions:

- It remains in effect unless terminated by me upon 30 days' written notice, I die, or my CWRU employment terminates.
- The amount of reduction may be changed only one each quarter of the calendar year effective for compensation earned from and after the first day of the month following the month in which a revised salary reduction agreement is executed provided it is received by CWRU at least five business days before the end of the month of execution.
- The amount of salary reduction is limited under the Internal Revenue Code to the lesser of:
 - maximum contribution limit under Section 415;
 - maximum contribution limit under Section 402(g)

15-Year Special Election

You may be eligible to make an election to exceed the 403(b) contribution limit if you have at least 15 years of service at CWRU. There are no restrictions on the number of times you may use the 15-year rule; however, a lifetime maximum limits your contribution under this rule to \$15,000. If you qualify for this election, contact Benefits Administration at AskHR@case.edu and request a calculation of your 15-Year Special Election Limit. Note that eligibility for the 15-year special election is based both on years of service and prior contributions to your supplemental retirement account.

Age 50 Catch-up

You can make an election to exceed the 403(b) maximum contribution limit if you will be age 50 or older in the current year.