

Salary Deferral Agreement  
403(b) Plan



CITY OF WATERBURY 403(b) RETIREMENT SAVINGS PLAN

1013237-01

Participant Information

Form with fields for Last Name, First Name, MI, Social Security Number, Address - Number & Street, E-Mail Address, City, State, Zip Code, Date of Birth, Home Phone, Work Phone, and checkboxes for Female, Male, Married, Unmarried.

Salary Deferral Agreement

This Agreement shall apply to all compensation paid from the effective date specified, until cancelled, superceded, or the employee ceases to be an eligible employee. This Agreement supercedes all previous agreements.

I understand that I may change the percentage of compensation or dollar amount contributed to the Plan only when and as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code (the "Code") deferral limits.

Payroll Information

Specify one of the following:

- Checkboxes for New Enrollment, Restart, Increase Payroll Deduction, Decrease Payroll Deduction, Stop Deductions.

Specify the following:

Before-Tax - The amount that you may contribute is 1% - 100% OR \$1.00 - \$16,500.00 of your compensation, whichever is less. The amount that you may contribute is not to exceed the annual maximum contribution allowable under the Code and applicable regulations and/or the provisions of your Plan.

- Checkboxes for authorizing before-tax deductions and electing not to contribute before-tax dollars.

Roth - The amount that you may contribute is 1% - 100% OR \$1.00 - \$16,500.00 of your compensation, whichever is less. The amount that you may contribute is not to exceed the annual maximum contribution allowable under the Code and applicable regulations and/or the provisions of your Plan.

- Checkbox for authorizing Roth after-tax deductions.

Note: The total of your before-tax and Roth deferrals cannot exceed 100% or \$16,500.00. Your before-tax and Roth deferrals must be specified consistently (both as a percent or both as a dollar amount). If I am 50 years of age or older and I am eligible for a catch-up contribution, I understand I may exceed this total.

- Checkbox for electing not to contribute designated Roth after-tax dollars.

Catch-Up Note: If you will be age 50 or over this calendar year and are currently making the maximum contributions allowable, refer to the "Application for Age 50 Catch-Up."

Payroll Effective Date: Mo Day Year Date of Hire: Mo Day Year

Required Signature(s) - I have completed, understand and agree to the terms of this Agreement and authorize the payroll deduction as indicated on this form.

Participant Signature Date

Employer Certification - I certify that the information provided by the participant on this form is correct.

Authorized Employer Signature Date

Participant forward to Employer

