

SALARY REDUCTION AGREEMENT

Name:	Employee ID:				
Age: Full-time years @SRJC:					
☐ New TSA ☐ Change in exist		in existing TSA	☐Change in TSA Vendor ☐ Termination		
BY this agreement made between above named employee and Sonoma County Junior College District, Employer: It is mutually understood and agreed that the employee requests the employer to reduce the employee's salary to participate in the District's 403(b) plan as follows:					
	Effective Date	Monthly Amount	TSA Vendo Must be registered at the 4 website		
District maits trustees trustees, of I agree th However,	akes no representation as s, officers, and employees fficers, and/or employees at this agreement is bir this agreement may be	to the present or future v s harmless from any and s. ading and irrevocable w	ralue or soundness of the invest all claims based upon any allow ith respect to salary earned we respect to salary not yet earn	ed Annuity, I understand that the tment. I agree to hold the District, eged negligence of the District, its while this agreement is in effect. Led. I also certify that the above	
Employee Signature		Daytim	e Phone Number	Date	
Agent's Signature Note: Agent Signature is required on the initial agre			e of Company after only if change in TSA vendor.	Agent's phone number	
Limits for	the plan will be the less	er of:			

The 402(g) general limit 100% of Gross Compensation

Calendar Year	402(g) General Limit	50+years of age
2016	\$18,000	\$6,000
2017	\$18,000	\$6,000
2018	\$18,500	\$6,000

In addition to the amounts above, Faculty or Staff with 15 years of full-time service with the District may also be eligible to contribute an additional \$3,000 per year not to exceed a lifetime contribution of \$15,000. Please consult the Payroll Department to verify eligibility.