

1501 Mendocino Avenue Santa Rosa CA 95401

## SALARY REDUCTION AGREEMENT

| Name: |                    | Emp ID:            |                    |  |
|-------|--------------------|--------------------|--------------------|--|
| Age:  | Age: Years of S    |                    | of Service @ SRJC: |  |
| □ New | □ Change in Amount | □ Change in Vendor | □ Termination      |  |

This agreement is made between above named employee and the employer, Sonoma County Junior College District (District) and pursuant to the District's 403b Plan Document: 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:

| Type of Plan | Effective Date | Monthly<br>Amount | TSA Vendor<br>Must be registered at <u>403bcompare.com</u><br>to be an eligible vendor |
|--------------|----------------|-------------------|--|
| PRE-TAX      |                |                   |  |
| ROTH         |                |                   |  |

This deduction will remain in effect until such time as employer receives a termination of this agreement from employee.

In requesting the above stated elective deduction for the District's 403b plan, I understand that the District makes no representation or guarantee as to the present or future value, soundness of the investment, or recommendation on eligible vendors. I agree to hold the District, its trustees, officers, and employees harmless from any and all claims arising from or surrounding my participation in the District's 403b program.

I certify I have received a copy of the District's 403b Plan Document and I agree to comply with all regulations applicable to 403b Plans set forth by the District or the IRS. I understand this agreement is binding and irrevocable with respect to salary earned while this agreement is in effect. However, this agreement may be cancelled at any time for future earnings by submitting an additional form to terminate this agreement.

**Employee Signature** 

Daytime Phone Number

Date

Agent's Signature (not required)

Name of Company

Agent's phone number

Limits for the plan will be the lesser of:

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

| Calendar Year | 402(g) General Limit | 50+years of age |
|---------------|----------------------|-----------------|
| 2020          | \$19,500             | \$6,500         |
| 2021          | \$19,500             | \$6,500         |
| 2022          | \$20,500             | \$6,500         |

In addition to the amounts above, employees with 15 years of 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.

Please submit completed form to the Payroll Office-Bailey Hall