

403(b) Salary Reduction Agreement - Plan #406869



Use this form to begin or waive your voluntary contributions or to change, suspend or resume your voluntary contributions. Your location will keep this form to update payroll. The voluntary contribution is optional and is in addition to the \$125 semi-monthly contribution your location makes on your behalf.

General Information (Please print or type)

Priest's Name: _____

Current Location: _____

Priest's SS#: ____/____/____ Priest's Phone Number: (____) _____

Priest's Address: _____

Priest's Birthdate: ____/____/____ Date Assigned to current location: ____/____/____

- ENROLLMENT/CHANGE:** I want to set my voluntary contribution to \$_____ per semi-monthly pay period.

MAXIMUM CONTRIBUTION: 2018 \$18,500.00 per year for employees under age 50.

CATCH UP: For employees age 50 or older - An optional, additional catch-up contribution of \$_____ extra per semi-monthly pay period shall be contributed, for a pay period total of \$_____.

MAXIMUM CATCH UP CONTRIBUTION: 2018 \$6,000 per year for a total of \$24,000.00.

- SUSPEND:** I want to suspend my participation in the plan and reduce my contributions to zero. Please execute this request as soon as administratively possible.
ONCE CONTRIBUTIONS ARE SUSPENDED, YOU MAY NOT RESUME CONTRIBUTIONS FOR SIX MONTHS.
- RESUME:** I want to resume my voluntary contribution to \$_____ per semi-monthly pay period. Please execute this request as soon as administratively possible.
- WAIVE:** I elect not to contribute voluntary contributions to the Priest's 403(b) Plan.

By this agreement, made between _____ (the Priest) and the Archdiocese of Kansas City in Kansas, we agree as follows:

Effective for amounts paid on or after _____, _____ a date subsequent to the execution of this Agreement, the Priest's salary will be reduced by the amount indicated on page 1. As soon as administratively practicable, the Institution will contribute that amount to the Priest's custodial accounts, which the Priest will allocate among the funding vehicles approved by the Institution.

This Agreement shall be legally binding and irrevocable for both the Institution and the Priest while assigned to this location. However, either party may terminate or otherwise modify this Agreement as of the end of any month (or pay period, if applicable) **by giving at least thirty days' written notice** so that this Agreement will not apply to salary subsequently paid.

Priest Signature

Date

Revision 08/18



DESIGNATION OF TIAA-CREF 401k and/or 403b BENEFICIARY

(This designation applies to your active Archdiocese of Kansas City in Kansas TIAA-CREF 401k & 403b accounts only)

Please retain a copy & mail to: TIAA-CREF PO BOX 1268 Charlotte NC 28201-1268

Please Print or Type – You can designate beneficiaries on-line if you prefer; without this paper form; see note at the bottom.

Name of Employee/Participant

Phone Number

Date of Birth

Social Sec #

- If no beneficiary survives the Participant, your Estate will be paid through Probate.
- The right to change the beneficiary is reserved by the Participant without the consent of the current beneficiary.

Name of Primary Beneficiary or Name of Trust

Date of Birth _____ SSN# _____

Address of Beneficiary

Relationship

Phone Number

Name of Contingent Beneficiary or Name of Trust (should the primary be deceased)

Date of Birth _____ SSN# _____

Address of Beneficiary

Relationship

Phone Number

Date

Signature of Participant

To make any additions or changes, visit TIAA-CREF on-line at www.tiaa-cref.org or call 800-842-2252
(please wait 2 weeks after your first paycheck date for your account data to be available)