



## 403(b) SALARY REDUCTION AGREEMENT

*Print in ink or type all entries except signatures. Incomplete forms will be returned. Forms must be returned to ULM Human Resources for approval.*

<u>Employee Information:</u>				
Employee Name:			CWID:	
Address:	City:	State:	Zip:	Phone:

New Participant
  Replace Existing Agreement
  Cancel Salary Reduction

<u>Carrier Designation:</u>
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<input type="checkbox"/> <u>Voya Financial</u>	<u>Contribution type:</u>
<input type="checkbox"/> <u>Teachers Insurance and Annuity Association (TIAA)</u>	<input type="checkbox"/> <u>Pre-tax</u>
<input type="checkbox"/> <u>Corebridge Financial (formerly VALIC/AIG)</u>	<input type="checkbox"/> <u>Roth</u>

<u>Contributions:</u>	
I wish my contributions to begin on the:	<input type="checkbox"/> 1 <sup>st</sup> Paycheck      Month: _____ <input type="checkbox"/> 2 <sup>nd</sup> Paycheck      Year: _____
Each pay period I wish to contribute, \$ _____ per pay period for: <i>(See IRS rules and regulations for maximum yearly contribution rates)</i>	<input type="checkbox"/> 24 pay periods (12M EE) totaling: _____ <input type="checkbox"/> 18/19 pay periods (9M EE) totaling: _____

*\*\*\*I understand my deferral election will remain in effect until I separate from State service, change or suspend my deferral amount by completing a new Salary Reduction Agreement, the maximum annual limit is reached, or my deferrals are suspended following a hardship withdrawal under the Plan*

<u>Leave Rollover:</u>	
I wish to roll-over my annual and sick leave payout:	<input type="checkbox"/> Annual Leave <input type="checkbox"/> Sick Leave
<b>FOR AGENCY USE</b>	Annual Leave Balance _____ X (Rate) _____ = (Payout) _____
<u>Leave Balances:</u>	Sick Leave Balance _____ X (Rate) _____ = (Payout) _____

Employee Signature	Date
Annuity Representative (required for new enrollment/change in carrier)	Date
Human Resources Representative	Date