

403(b) RETIREMENT SAVINGS CONTRIBUTION
SALARY REDUCTION AGREEMENT FORM

EMPLOYEE ID #	
LAST NAME	
FIRST NAME	
EFF. DATE Month	

Postdoctoral Research Associates

The location to view your current participation level is [HRMS Self-Service / Main Menu / Benefits / Benefits Information](#). You are encouraged to review your paycheck monthly or at least every time you make a change of this nature.

A Contact / Job Information PLEASE PRINT LEGIBLY

BEST PHONE # TO REACH YOU:	EMAIL ADDRESS:	DATE OF HIRE:	CAMPUS & PAY FREQUENCY (PLEASE CIRCLE)	MEDICAL OR DANFORTH	BI-WEEKLY OR MONTHLY
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B Participant Contributions VERIFY REQUESTED CHANGES ON [HRMS Self-Service / Main Menu / Benefits / Benefits Information](#).

<input type="checkbox"/> INITIAL ENROLLMENT	Complete Box 1. Enter the percentage you wish to have deducted from your pay. This amount will be invested in the Target Retirement Fund that is most appropriate for your age in an account held at TIAA. You will receive a Welcome Kit providing instructions to access your account, name your beneficiary, and change your investment allocation (if desired).	<p>1 Pre-Tax contribution _____ % After Tax (ROTH) contribution _____ % Per Pay Period</p> <p>→ You may split your contribution to be Pre and After tax</p> <p>→ ENTER TOTAL % AMOUNT TO BE DEDUCTED Per Pay Period - not more than 80%</p> <p>→ DO NOT ENTER 100%</p>
<input type="checkbox"/> CHANGE CURRENT CONTRIBUTION	Complete Box 1, Indicate <u>TOTAL</u> monthly percentage to be deducted from your salary. You may split your contribution to be pretax and Roth. NOTE - University contribution will cease if employee contribution is less than minimum required (see Helpful Information).	
<input type="checkbox"/> STOP ALL CONTRIBUTIONS	The University Contribution (if applicable) will cease if you do not contribute the minimum required amount. (See Helpful Information).	
IMPORTANT	<p>NEW PARTICIPANT CONTRIBUTIONS MADE DURING CURRENT CAL YEAR THROUGH PREV. EMPLOYER</p> <p>During the calendar year for which the agreement applies, if you have made 401(k), 403(b) or Keogh contributions with any other employer, please indicate the amount: \$ _____</p> <p>The YTD Amount can be found on your final paycheck.</p>	<p>Helpful Information</p> <p>Visit TIAA.org to access account information, to name beneficiaries and to change investments.</p> <p>WUSTL Plan number - 102320</p> <p>WUSTL Plan line # 888-488-3419.</p> <p>MAXIMUM ALLOWABLE EE CONTRIBUTION per Calendar year</p> <p>\$18,000 - under age 50 \$24,000 - age 50 during cal yr</p> <p><u>The payroll system is designed to stop at maximum.</u></p> <p>DETERMINE YOUR CONTRIBUTION PERCENTAGE :</p> <p>Divide the amount you wish to contribute annually by your annual base salary: (\$18,000/\$50,000 = 36%)</p>

C Payroll Deduction Authorization

I authorize Washington University to deduct the specified amount from my University paycheck and to transmit the deduction to the investment company as have specified above.

I acknowledge and agree that I am fully and completely responsible for making sure that the amount of my contributions for any calendar year does not exceed the legal limit under the Internal Revenue Code and that my employer has no duty or obligation to do that for me. However, I also acknowledge and agree that my employer has the right to reduce the contributions I have elected to make or stop them entirely if it determines (whether through an audit or otherwise) that the legal limit has been or will be reached. I agree that the University shall have no liability whatsoever for any loss suffered by me or my beneficiaries with regard to: 1) my allocations of contributions among the available investment options; or 2) the University's transmittal of contributions to TIAA, providing those contributions are transmitted in accordance with the terms of the University's retirement plan. If Washington University modifies future versions of the Agreement to comply with federal law or regulations, I agree that this Agreement shall be administered according to such modified Agreements.

Employee Signature

Date

Send Form via campus mail OR fax to: **RETIREMENT SAVINGS** **MEDICAL SCHOOL** **DANFORTH**
Campus Box 8002 or Fax # 362-2500 Campus Box 1190 or Fax # 935-8198

FOR BENEFITS OFFICE USE	Effective Date	Entered in HRMS	By	University %
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RETURN THIS FORM TO YOUR BENEFITS OFFICE via campus mail or fax.

Medical School

Retirement Savings
Campus Box 8002
FAX # 362-2500
pguntli@wustl.edu

OR

Danforth

Retirement Savings
Campus Box 1190
FAX # 935-8198
dbequette@wustl.edu

CONFIRM THE REQUESTED CHANGE: visit HRMS Self Service; Benefits Information and verify your next paycheck. For assistance gaining access to HRMS, contact the help desk (314) 935-5707.

REQUIRED INFORMATION – Please do not leave any requested information blank in the upper right corner.

SECTION A – Contact / Job Information

It is important that we have contact information in case we have any questions about the form you submitted.

The change will be entered as soon as practical and can be verified by checking the HRMS Self Service link on the Human Resources website; hr.wustl.edu

SECTION B – Employee Contributions

Select the action desired and complete the box 1 to provide the necessary information to make the intended change.

GENERAL INFORMATION

Once TIAA receives your first contribution, it will be invested in the Target Retirement Fund that is most appropriate for your age. A Welcome Kit will be mailed to your home. Upon receipt, take a moment to create your access to the account, name beneficiaries and change your investment allocation if desired.

TO CHANGE YOUR INVESTMENT ALLOCATION in your account with TIAA, you may do so by accessing your account online at TIAA.org or by calling: **888-488-3419**.

The TIAA.org website offers valuable financial information and tools to help assist with savings goals.

THE MAXIMUM ALLOWABLE CONTRIBUTION is \$18,000 for calendar year 2017.

If you will be age 50 by the end of the calendar year 2016, you may contribute up to \$24,000.

Calculate your percentage – divide the amount you wish to contribute annually by your annual base salary (**\$18,000/\$50,000 = 36%**).

SIGNATURE

Please sign and date your form. Forms that are not signed will be returned to the employee.

This enrollment form shall be legally binding and irrevocable between Washington University and the undersigned participant. Canceling this form will often result in the cessation of **all** participant contributions. Contributions will continue as specified on the reverse side unless terminated or modified.