



● 403(b) Change Form

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Department

\_\_\_\_\_  
Campus Phone

It is hereby agreed by the undersigned that my **monthly** compensation shall be reduced by \$\_\_\_\_\_ per pay period.

The first reduction will be made in \_\_\_\_\_ (*Month*); or the pay period ending the month following receipt of this agreement by the employer. This agreement shall remain in full force and effect during the continued employment of said employee except as it may be amended or terminated in writing. There are no restrictions on the number of amendments that can be made to a salary reduction agreement during any one calendar year.

It is further agreed that the employee is responsible for contacting the appropriate company(ies) to obtain summary plan agreements and to determine maximum limits of salary deferrals under IRS tax codes. This form cannot be used to enroll an employee in a 403(b) Plan.

Salary Reductions are to be sent to:  
(Please check only one)

AIG Valic

Security Benefits

Lincoln National

Travelers

**Cancellations:**

I wish to cancel my salary reduction in \_\_\_\_\_ (*Month*); or the pay period ending the month following receipt of this agreement by the employer. The company listed below will no longer receive contributions:

AIG Valic

Security Benefits

Lincoln National

Travelers

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date