



403(b) Change Form

Name	Employee ID
Department	Campus Phone

It is hereby agreed by the undersigned that my **monthly** contribution shall be

\$ _____ per pay period.

This first deduction 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 <i>only one</i>):	
AIG Valic	<input type="checkbox"/> Security Benefits
Lincoln National	<input type="checkbox"/> 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	<input type="checkbox"/> Security Benefits
Lincoln National	<input type="checkbox"/> Travelers

Signature: _____

Date: _____