

# VOLUNTARY SALARY DEFERRAL AGREEMENT

## Under The Missouri Western State University 403(b) Tax Deferred Annuity Program and 457 Deferred Compensation Plan

By this Agreement made between the Missouri Western State University (the "Employer") and (the "Employee"), the parties hereto agree as follows:

Effective with respect to amounts paid or otherwise made available on or after \_\_\_\_\_ (mm,dd,yyyy), which date is subsequent to the execution of this Agreement, the Employee's salary will be reduced by the amount indicated below. Such amount will be contributed to the Employee's account maintained under the eligible Internal Revenue Code Section 403(b) Tax Deferred Annuity Program or 457 Deferred Compensation Plan, under which the Employee may allocate among the investor options approved by the Employer.

This Agreement shall be legally binding and irrevocable for both the Employer and the Employee with respect to amounts paid or otherwise made available while this Agreement is in effect. Either party may modify or otherwise terminate this Agreement at the beginning of each pay period following receipt of satisfactory written notice of such modification or termination by giving at least 10 working days' written notice prior to the requested payroll effective date.

### I. 403(b) or 457 Provider

\_\_\_\_\_ Acct.#: \_\_\_\_\_

The amount of the salary deferral shall be as follows: \$ \_\_\_\_\_ per pay period

Payroll Cycle:

Bi-Weekly       Monthly

### II. For 10 Month Pay Only

I have a 10-month contract and am normally paid over 10 months.\*

Do NOT take Deferral from any summer pay       Take Deferral from any summer pay

### III. Stop Contribution

I request that my participation in the Voluntary Salary Deferral program (403(b) Tax Deferred Annuity and/or 457 Deferred Compensation Plan) be discontinued effective:  
\_\_\_\_\_ (date)

The amount deferred hereunder will produce a total deferral that does not exceed the applicable limitations of Internal Revenue Code Section 457(b) and Internal Revenue Code Section 414(v).

Signed this \_\_\_\_\_ day of 200\_\_\_\_

Employee: \_\_\_\_\_ G Number: \_\_\_\_\_

Account Representative: \_\_\_\_\_ Telephone # \_\_\_\_\_  
(Print Name)

Account Representative Signature: \_\_\_\_\_

Missouri Western State University Human Resources (Plan Administrator)

By: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: Missouri Western State University Human Resources Department,  
Popplewell Hall #117, 4525 Downs Drive, Saint Joseph, MO 64507  
**Original signature required, faxes and copies not accepted**