

ABP VOLUNTARY CONTIBUTIONS ONLY CAMDEN COUNTY COLLEGE TAX DEFERRED – SALARY REDUCTION AGREEMENT

It is hereby agreed by and between ______, (employee) and <u>CAMDEN COUNTY</u> <u>COLLEGE, (employer)</u> that the employee agrees to a reduction in the amount of his/her salary in return for the employer's agreement to use the amount of such reduction in salary to purchase on behalf of the employee, an annuity which qualifies under the provisions of section 403(b) or the limitation of section 415 of the Internal Revenue Code, whichever is less.

For such purposes, the employee hereby authorizes and the employer agrees to:

- Reduce the employee's salary beginning ______, and for subsequent pay periods by _____% or \$_____ up to a maximum of ______. This agreement shall continue as specified above unless terminated or modified. Notice of termination or modification shall be given in writing.
- 2. Remit monthly to the appropriate vendors, the sum of such reduction in cash compensation as premiums on the annuity, which is purchased by the employer on behalf of the employee.

I HEREBY ELECT TO UTILIZE THE FOLLOWING VENDOR(S):

ABP 403(B) :

ROTH CONTRIBUTIONS (PLEASE COMPLETE BELOW):

% OR \$	EQUITABLE (2187)	% OR \$	EQUITABLE
% OR \$	VOYA(2181)	% OR \$	VOYA
% OR \$	MET LIFE (2182)	% OR \$	MET LIFE
% OR \$	MASSMUTUAL (2188)	% OR \$	MASSMUTUAL
% OR \$	TIAA/CREF (2180)	% OR \$	TIAA/CREF
% OR \$	VALIC (2185)	% OR \$	VALIC

Please note: the system will automatically stop your deductions when you reach the maximum IRS allowances (2021 \$19,500; if over 50 - \$26,000)

I AM HEREBY CHANGING MY VENDOR FROM: _____ (date) _____

CAMDEN COUNTY COLLEGE Institution

Employee Signature

Lindsay Riiff, Benefits Manager

Employee ID DOB

Date