RARITAN VALLEY COMMUNITY COLLEGE
Additional Contributions Tax-Sheltered Program (ACTS)
Voluntary Contributions Alternate Benefit Program (ABP)

Voluntary Contribution Investment Carrier Allocation Form

NAME: _____

EMPLOYEE ID: G _____

DEPARTMENT: _____ **WORK TELEPHONE:** _____

Check one: ____ **Initial Enrollment**

____ **Change to Allocation**

I authorize RVCC to allocate my voluntary 403(b) contributions under the Additional Contributions Tax-Sheltered Program or the Alternate Benefit Program as shown below.

As an initial enrollee, I understand that I must also obtain, complete, and submit an investment carrier enrollment form with each of the carriers selected below. (Carrier contact information is in the instructions accompanying this form).

	INVESTMENT CARRIER	PERCENTAGE
☐	AIG-VALIC	_____ %
☐	EQUITABLE	_____ %
☐	MASS MUTUAL (Formerly The Hartford)	_____ %
☐	ING	_____ %
☐	METLIFE	_____ %
☐	TIAA-CREF	_____ %

EMPLOYEE SIGNATURE: _____ **DATE:** _____

RARITAN VALLEY COMMUNITY COLLEGE
403(b)
Additional Contributions Tax-Sheltered Program (ACTS)
Voluntary Contributions Alternate Benefit Program (ABP)

Salary Reduction Agreement

NAME: _____

EMPLOYEE ID: G_____ DATE OF BIRTH: _____

DEPARTMENT: _____ WORK TELEPHONE: _____

Check one box:

☐ Initial Salary Reduction Agreement
(Voluntary Contribution Carrier Investment Allocation Form required)

☐ Change in Amount of Reduction

☐ Suspend Additional Contributions

The above named employee and Raritan Valley Community College agree that the employee's eligible salary will be reduced by voluntary contributions beyond those required by membership in any State-administered retirement system. The amount of the reduction per pay period shall be (SELECT ONE OPTION)

☐ $_____.00 per pay period*

☐ _____% of salary per pay period

Please contact HR if you have a significant change in salary to insure that SRA deductions can continue (e.g., adjunct salary changes from semester to semester).

I wish this reduction to take effect on the first day of _____, 20____.

I understand that this reduction shall not exceed my statutory exclusion allowance under section 403(b) or the limitations of Section 415 of the Internal Revenue Code. I understand that it is my responsibility not to over tax defer, and I assume all responsibility for authorizing the level of salary reduction set forth above and accept any and all consequences which may result. This Salary Reduction Agreement (SRA) shall be legally binding upon the employee and the College while employment continues or until a subsequent Salary Reduction Agreement is executed and implemented. Implementation of this SRA may take up to 30 days after submission.

Check one block:

☐ A ***Voluntary Contribution Carrier Investment Allocation Form*** is attached;

☐ A *Carrier Investment Allocation Form* is already on file at Payroll.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

Benefits Review Date: _____ Initials: _____ Payroll Date: _____ Initials:_____