

ROWAN UNIVERSITY

**ALTERNATE BENEFIT PROGRAM (ABP)
&
ADDITIONAL CONTRIBUTION TAX SHELTER (ACTS)
SALARY REDUCTION AGREEMENT**

Please check your current Pension Plan

ABP _____ PERS _____ PFRS _____ TPAF _____

To be completed by Employee

It is hereby agreed by and between (**please print your name**) _____ and Rowan University (employer) that the employee's gross bi-weekly contractual salary will be reduced by the percentage indicated below. At the same time, the employer agrees to remit periodically to the investment company(ies) selected by the employee the sum of such reduction as a premium on the annuity contracts which are purchased by the employer on behalf of the employee.

This Agreement shall be legally binding and irrevocable as to each of the parties hereto while employment continues; provided, however, that either party may terminate this Agreement as of the end of any month, so that it will not apply to salary subsequently earned, by giving at least thirty days written notice of the date of termination; and provided further, that not more than one agreement for such salary reduction may be made within any calendar quarterly period; and provided further that the University may suspend the salary reduction authorized by this agreement because the employee has reached the maximum amount allowed by law, however the agreement shall be reinstated at the beginning of the next taxable year.

THE AMOUNT OF THE VOLUNTARY SALARY REDUCTION SHALL BE:

_____ Check here if you would like the *15 years of service* catch-up provision
(Must have supporting documents from vendor attached.)

Specify a percentage of base wages in the space provided below

(If you need assistance with your percentage amounts, please contact your vendor. Any form submitted *without* a specified percentage will be returned)

I elect to tax defer _____% of my gross bi-weekly contractual salary in addition to my mandatory retirement contribution. I understand that the amount by which my Rowan earnings may be reduced is subject to the statutory exclusion allowance under Section 403 (b) and the limitation of Sections 415 and 402 (g) of the Internal Revenue Code and, further, that it is my responsibility not to over tax defer. I assume full responsibility for authorizing the level of salary reduction indicated on this form and accept any and all tax consequences that may result.

Please Note:

- Forms received prior to the payroll cutoff date will be processed in the next available pay.
- Your deduction will be set to the IRS limits for each year.
- If you do not make any changes, this percentage will remain in effect.

Employee Signature _____ VendorName _____

Date _____ Rowan ID _____ Office Extension _____

ADMINISTRATION USE:

Pay code _____ Pay Period _____ Int. _____ Date entered _____