DOMINICAN UNIVERSITY

Agreement for Salary Reduction Under Section 403(b)

Use this form to defer part of your compensation to Dominican University's 403(b) plan or to change your existing Salary Reduction Agreement. Please follow up with Office of People & Culture (OPC) if you would like to verify the current institutional match, to find out if you are eligible for the institutional match and also the yearly employee contribution limits based on your age.

PLEASE NOTE: If you are 50 or older and you meet the annual Secure 2.0, section 603 wage threshold, this rule will require that your catch up contribution is POST-TAX. The payroll system will automatically transfer your monthly contribution from pre tax to post-tax.

Employee Name:_____

Employee ID: _____

I understand that this agreement will become effective:

- ☐ Immediately – next possible pay date
- ☐ On a future payroll date _____. Please specify the pay date you would like your contribution to take effect.

EMPLOYER MATCHING CONTRIBUTION – please confirm with OPC that you are eligible for the employer match

Subject to meeting eligibility requirements of the Plan,

I wish to contribute _____% OR $_____ per pay period on a PRE-TAX basis.

I wish to contribute _____% OR $_____ per pay period on a POST-TAX / ROTH basis using "after tax" dollars.

Please list a percentage OR a dollar amount, but not both.

I wish to waive or cancel my contribution. Please initial._____

NON-MATCHED CONTRIBUTION – for employees not eligible for the employer match

Employees may elect to contribute on a pre-tax basis or on a post-tax ROTH basis. These contributions are not matched by Dominican University. Please list a percentage OR a dollar amount, but not both.

I wish to contribute _____% OR $_____ per pay period on a PRE-TAX basis.

I wish to contribute _____% OR $_____ per pay period on a POST-TAX / ROTH basis using "after tax" dollars.

I wish to waive or cancel my contribution. Please initial._____

I understand that this Salary Reduction Agreement replaces any earlier agreement and will remain in effect as long as I remain an Eligible Employee under the 403(b) Plan or until I submit a new form to change or cancel my contribution.

_____ _____ _____

Employee Signature Employee Name Printed Date

_____Entered _____Approved