SUNY 403(b) Voluntary Savings Plan
Salary Reduction Agreement

By THIS AGREEMENT, made between ______________________, an employee at SUNY Geneseo, and the State University of New York (employer), the parties hereto agree as follows:

This Agreement represents a:  
☐ New Agreement*  
☐ Change to an existing Agreement  
☐ Cancellation of existing Agreement

*For new Agreements, you will need to submit an account enrollment form to the appropriate Investment Provider.

Effective with respect to amounts paid on or after __________, 20___, which date is subsequent to the execution of this agreement, or as soon as possible thereafter, the employee's salary will be reduced by the amount indicated below. The employer will contribute that amount to the employee's account with:

☐ TIAA-CREF  
☐ AIG Retirement*  
☐ ING*  
☐ MetLife*  
☐ Fidelity*  

Name of Investment Provider Agent

Agent Phone Number

* Available to UUP and Unclassified MC employees only.

☐ 403(b) (7) mutual fund account.

The amount of the salary reduction will be $ ______ per payroll period OR $ ______ per year (please select only one of these options and leave the other field blank). This amount, together with any amounts previously or subsequently contributed during this calendar year through Agreements with SUNY, or any other employer, must produce a total contribution that does not exceed the limitations of Internal Revenue Service (IRS) Code Section 415 or Section 402(g), whichever is least. Responsibility for assuring that total annual salary reduction contributions do not exceed the maximum exclusion allowance defined in the IRS Code rests solely with the employee.

This Agreement shall be legally binding and irrevocable as to each of the parties hereto while employment continues and shall replace any existing Agreement currently in effect. Either party may terminate or modify this agreement as of the end of any payroll period by giving at least 30 days written notice, so that this Agreement will not apply to salary subsequently paid.

Employee Signature: ___________________________ Date: __________________

Campus or
Daytime Phone: ___________________ Email Address: _______________________

Administration Use Only Below This Line.

Employer Signature  Date

Plan Type:  
☐ SRA (404)  ☐ Fidelity (408)  ☐ AIG, ING, MetLife (415)

Annual Contribution: $ _______ Catch-up Used:  
☐ 50+  ☐ 15 Year  Date Deductions Begin: __________________

Rev 1/2009