



# Salary Reduction Agreement

1700 North Brown Rd, Suite 106, Lawrenceville, GA 30043 ■ Phone: 800.789.8765 ■ Fax: 678.825.1261

1 – Employee Information				
First Name		Middle	Last Name	
Address		City	State	ZIP
Personal Email		Personal Phone Number		
Office Email		Office Phone Number		
Date of Birth	SSN	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married
2 – Participant Election				
<p>This agreement is made between the participant and the employer. Any change to this agreement must be filed in accordance with procedures established by the employer.</p> <p>I, the undersigned participant, hereby elect to:</p>				
<b>Tax-deferred contributions (Employee Before Tax)</b>				
<input type="checkbox"/> Initially reduce my salary by _____ (whole percentage or dollar amount per pay period) of compensation (not to exceed applicable legal limitations).				
<input type="checkbox"/> Change my existing salary reduction amount to _____ (whole percentage or dollar amount per pay period) of compensation (not to exceed applicable legal limitations).				
<input type="checkbox"/> Cease my tax-deferred contributions.				
<b>Roth elective deferrals (Employee After Tax/Roth)</b>				
<input type="checkbox"/> Reduce my salary by _____ (whole percentage or dollar amount per pay period) of compensation (not to exceed applicable legal limitations on an after-tax basis). I understand: (1) my election regarding Roth elective deferrals is irrevocable once the employer withholds the deferrals from my paycheck; and (2) any change of election regarding the Roth elective deferrals is effective only for deferrals from paychecks I receive after the plan administrator accepts my change of election notice.				
<input type="checkbox"/> Cease my Roth elective deferral contributions.				
3 – Effective Date				
<input type="checkbox"/> Make the effective date of this agreement the first day of the next pay period.				
<input type="checkbox"/> Make the effective date of this agreement as of: ____/____/____. (Date must be prospective.)				
4 – Employee Signature				
<p>I understand the amount of such reduction, pursuant to this election, will be withheld from my paychecks and paid by my employer into my account in the plan. I understand (1) my election regarding Roth elective deferrals is irrevocable once the employer withholds the deferrals from my paycheck; and (2) any change of election regarding Roth elective deferrals is effective only for deferrals from paychecks I receive after the plan administrator accepts my change of election. I further understand that written notice must be given before the effective date of any modification. This election will remain in effect until I revoke it in writing or until I complete a new <i>Salary Reduction Agreement</i>.</p>				
Employee Signature				Date:
5 – Employer Signature				
Treasurer/Administrator's Signature				Date:
Plan Name	PCA 403(b)(9) Retirement Plan		ARPC 403(b)(9) Retirement Plan	

Complete and Return to Your Employer



# Using the Salary Reduction Agreement

You may use this form to: (1) make an initial salary reduction agreement, (2) change the amount of your existing salary reduction contributions, or (3) stop your salary reduction contributions.

## General Information

Your *Salary Reduction Agreement* is a written, legally binding agreement between you and your employer. It is an agreement whereby you direct your employer to reduce compensation not yet currently available (referred to as “your salary”) by a specific percentage or amount. Your employer then sends this amount to the plan or plans specified in the agreement as a tax-deferred contribution or an irrevocable Roth after-tax elective deferral contribution to your account in accordance with Section 403(b) of the Internal Revenue Code (“Code”). Your employer may also make contributions to the plan in addition to your contributions.

You may change the percentage or amount of your salary reduction agreement at any time for compensation not yet currently available. Your current *Salary Reduction Agreement* will continue until you sign a new salary reduction agreement.

For most people, it is wise to designate contributions as a percentage of salary rather than a fixed dollar amount. If your salary increases during the year, your contributions will increase automatically without having to make a new agreement.

You may cancel your *Salary Reduction Agreement* at any time with respect to compensation not yet currently available by completing a new *Salary Reduction Agreement*.

## Limitations on Contributions

The Internal Revenue Code limits the amount of contributions that you may make each calendar year. Failure to comply with the Code Section 402(g) limit on tax-deferred contributions and/or Roth elective deferrals may disqualify the tax-favored status of your account. Tax-deferred contributions or Roth elective deferrals that meet the requirements of Code Section 414(v) are not counted for purposes of determining the Code Section 402(g) limit. Once tax-deferred contributions and/or Roth elective deferrals in a calendar year reach the Code Section 402(g) limit, subsequent tax-deferred contributions and/or Roth elective deferrals will be treated as contributions under Code Section 414(v), to the extent the requirements for that section are met. Geneva Benefits Group can assist you in determining your annual maximum contribution limits. This is particularly important if you coordinate your contributions with your employer’s fiscal budget year or participate in more than one plan.

For more details regarding contribution limits, please contact Geneva Benefits Group at **1-800-789-8765**.

## Execution of the Agreement

You and an appropriate business officer of your employer should sign the *Salary Reduction Agreement*. Keep a copy of the agreement with your tax records. Your employer should keep the original agreement. **DO NOT** send the agreement to Geneva Benefits Group or the Internal Revenue Service. This form should be kept on file with your employer and does not need to be returned to Geneva Benefits Group.

Complete and Return to Your Employer