

**ROGER WILLIAMS UNIVERSITY FACULTY
SALARY REDUCTION AGREEMENT and VENDOR SELECTION FORM**

This is a: New Agreement Change of Agreement Effective Payroll Date*: ____/____/____
**Requested transaction(s) will be processed as soon as administratively possible upon receipt of this form.*

Employee Name: _____ Last four digits of SSN#: _____

NEW ELECTION

I elect to participate in the Roger Williams University Retirement Plan. I authorize the University/School of Law to withhold the amount elected below in accordance with the following election. This election shall remain in effect until modified or revoked. I understand that the investment of my deduction and any applicable match will be deposited by the retirement investment company in accordance with the investment enrollment forms that I have completed.

MATCHED CONTRIBUTION: (Enrollment is dependent upon being eligible for a matched contribution in accordance with the applicable plan document.)

I elect to contribute Three Percent (3%) of my base salary per pay period and to remit this amount and the applicable employer match to the following retirement investment company: (CHOOSE ONE ONLY)

TIAA-Cref or AIG

UNMATCHED CONTRIBUTION: (You may remit the unmatched contribution to either one or both retirement investment companies.)

I elect to contribute \$ _____ of my base salary per pay period and to remit this amount to TIAA-Cref; **and/or**

I elect to contribute \$ _____ of my base salary per pay period and to remit this amount to AIG.

If you have a waiting period before receiving a matching contribution and you elect during that waiting period to contribute five or more percent of your base salary you will automatically begin receiving the employer matching contribution upon completion of your waiting period. You will, however, be required to complete a new carrier election form at such time.

CHANGE OR STOP CONTRIBUTION(S):

I elect to change my unmatched contribution to \$ _____ of my base salary per pay period.

I elect to stop my 3% matched contribution.

I elect to stop my unmatched contribution.

This election shall remain in effect until modified or revoked.

CHANGE INVESTMENT COMPANY: (Transfers are subject to the provisions, restrictions and applicable fees of each VENDOR.)

I elect to change remittance of future matched contributions **from** TIAA-Cref or AIG **to** TIAA-Cref or AIG

I elect to change remittance of future unmatched contributions **from** TIAA-Cref and/or AIG **to** TIAA-Cref and/or AIG

(If you are splitting your unmatched contributions between both retirement investment companies, please identify the percentage split allocation here ____% TIAA-Cref and ____% AIG.)

This election shall remain in effect until modified or revoked.

THIS AGREEMENT shall supersede any prior Salary Reduction Agreement and Vendor Selection Form to the extent that it contradicts and/or changes such Agreement and Form. The 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 paid, by giving at least thirty days written notice of the termination. The Employee agrees that the total contributions on his/her behalf do not exceed the applicable limitations of Sections 403(b), 402(g), 415 or other applicable sections of the Internal Revenue Code of 1986 as amended, and/or that the University/School of Law has no obligation or liability to calculate or verify such limitations. The Employee further agrees that the University/School of Law shall have no liability whatsoever for any loss suffered by the Employee with regard to his/her selection of a retirement invested insurance company contract or associated contract or investments. The Employee understands that the University/School of Law does not recommend to the Employee that he/she participate or not participate in the Roger Williams University Retirement Plan and the University/School of Law do not warrant any particular tax consequences to the Employee as a result of such participation.

Employee Signature: _____ Date of Agreement: ____/____/____

HUMAN RESOURCES USE ONLY BELOW THIS LINE

Unmatched Contribution Eligibility Date: ____/____/____ Matched Contribution Eligibility Date: ____/____/____

Matched Contribution Eligibility: (Hours scheduled and/or worked and the applicable class waiting period below):

Requested Transaction processed effective Payroll Date: ____/____/____