Salary Reduction Agreement

Additional Contributions Tax-Sheltered (ACTS) Program for PERS members
403(b) Program for Alternate Benefit Program (ABP) members

COUNTY COLLEGE OF MORRIS

Name _____
Last   First   Middle Initial

Employee ID Number _____
Found on the employees account in Titan's direct – do NOT use social security number

Address _____
Street   Apartment Number

Address _____
City   State   Zip

Daytime telephone Number (_____) _____

The above named employee and County College of Morris agree that the employee's eligible earned base salary will be reduced by voluntary contributions beyond those required by mandatory membership in any state administered system. The amount of reduction shall be $_____ deducted two times per month and will take effect as noted below. This reduction shall not exceed the employee's statutory exclusion allowance under Section 403(b) or the limitations of Section 415 and the regulations thereunder of the Internal Revenue Code. The voluntary contributions will be forwarded to the provider elected by the employee as noted below.

This agreement shall be legally binding as to each of the parties hereto while employment continues; provided that either party may terminate this agreement at the end of any month, so that it will not apply to salary subsequently earned, by giving at least 30 days written notice of the date of termination; and provided further, that no more than one agreement for such salary reduction may be made within any calendar month.

This is my initial election   Replaces a current election

	Equitable	PRE-TAX	ROTH After-Tax	
	Empower (formerly MassMutual)	PRE-TAX	ROTH After-Tax	
	MetLife/Brighthouse	PRE-TAX	ROTH After-Tax	
	TIAA	PRE-TAX	ROTH After-Tax	
	AIG (formerly VALIC)	PRE-TAX	ROTH After-Tax	
	VOYA Financial Services	PRE-TAX	ROTH After-Tax	

The new amount will be effective on or after _____.
Date

It is your responsibility to complete the necessary forms to establish a valid account with the provider you select for your investments. If you fail to establish an account with the provider, you may lose earnings from your contributions. Additionally, the provider will return your contributions to the College and your participation will be delayed.

I elect to allocate my total employee tax sheltered contributions as indicated above. This allocation becomes effective within 30 days of receipt of a properly completed form. I have read and understood the information provided on this application.

_____   _____
Employee Signature   Date

Individual forms must be completed for each plan
Return form to Human Resources HH 106