

**Supplemental Retirement Plan
Salary Reduction Agreement**

Last Name _____ First Name _____

KVCC Email _____ Valley ID Number _____

This election will be effective as soon as administratively possible. If a specific pay date is requested, please enter date here _____

Check the applicable box(es) and indicate the dollar amount or percentage per pay period

403(b)	Pre-tax	New	Update	Suspend	_____	OR	_____
	After tax (Roth)	New	Update	Suspend	_____	OR	_____

457(b)	Pre-tax	New	Update	Suspend	_____	OR	_____
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I understand that this agreement affects contributions from my paychecks on dates after it is received by Kalamazoo Valley Community College and that contributions will not be retroactive. I understand that my salary reduction will begin with the first pay period following receipt of this agreement by KVCC, unless I specify a later date. I also understand that this agreement will remain in effect until I complete a new agreement or until I reach the plan limit on contributions. I understand that I am solely responsible for the gains and losses resulting from my investment elections.

Signature of Participant

Date Signed

Please return to Amy Reynolds - Kalamazoo Valley Community College Human Resources

Email: areynolds2@kvcc.edu

HR USE ONLY:

Banner Entry Date	Deduction Code
Entered by	Deduction Code
403(b) Limit	457(b) Limit