

# Georgia State University



## Salary Reduction Agreement (SRA) for 2017

### 403(b) / 457(b) / Pre-Tax & Roth Options

A. PARTICIPANT INFORMATION: Please Complete All Sections	
Print Name: (Last, First, MI)	ADP Emp ID or last 4 digits SSN:
Work Phone:	Date of Birth:
I am 50 or older this year:	Yes                      No
This year I contributed to another employer's voluntary plan:	Yes                      No

B. FOR FACULTY ONLY: Please Indicate Deductions	
MAYMESTER      Deduct:      Yes      No	SUMMER      Deduct:      Yes      No
Please Note: Your deductions will automatically continue in the Fall unless you elect to stop them by completing another SRA form.	

<b>NEW</b> - To establish a new account please complete the investment company's enrollment application on line at: <a href="http://employees.hr.gsu.edu/benefits/active-employees/financial-security/voluntary-retirement/">http://employees.hr.gsu.edu/benefits/active-employees/financial-security/voluntary-retirement/</a> Failure to complete the online vendor account setup may result in my contributions being returned.
<b>CHANGE</b> – All requested changes and contributions to existing vendors must be listed
<b>CANCEL</b> - Indicate \$0.00 for all contributions to be terminated

D. EFFECTIVE DATE: Please Indicate When Deductions Will Begin	
Next available payroll	Specify pay date:
Upon retirement or termination, defer my lump sum vacation pay:	

<b>E. 2017 FEDERAL CONTRIBUTION LIMITS:</b> The allowable limit is \$18,000 for each plan. If you are age 50 or older in 2017 you may contribute an additional \$6,000 in each plan. Contributions are 100% employee paid; you may enroll and contribute the maximum in both plans.
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F. PLAN CHOICE: Select either 403(b) OR 457(b) - You must complete a separate SRA for each Plan	
403(b)	457(b)

G. INVESTMENT COMPANY: Please select from the following and indicate the \$ Amount per Pay Period					
Fidelity	PRE-TAX	\$	Fidelity Roth	POST-TAX	\$
TIAA-CREF	PRE-TAX	\$	TIAA-CREF	POST-TAX	\$
VALIC	PRE-TAX	\$	VALIC Roth	POST-TAX	\$

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**Terms and Conditions of Participation:** I understand that I may stop, start, or change my future contribution(s) amount at any time during the year by submitting a new Salary Reduction Agreement (SRA). **I understand that it is my responsibility to monitor my earnings statement each payday to ensure that my deductions are made for the correct amounts and immediately notify the Benefits Office of any discrepancies.** I also understand that this SRA replaces and cancels all previous agreements on file. Only contributions to the companies indicated on this form will continue after the effective date of this agreement. If the designated amount(s) exceed Internal Revenue Code limits, my contributions will be stopped automatically and no further contributions will be allowed during that calendar year. Contributions will begin again with the start of the next calendar year, unless I submit a new SRA form, designating a change.

**I have read and am in agreement with the Terms and Conditions of Participation with my signature and date below.**

Signature:	Date:
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\*Always make a copy of this SRA for your personal records

\*Check your earnings statement to verify that this SRA has been processed accurately

DELIVERY METHOD	
Fax	(404)413- 3324 (confidential fax)
In Person	1 Park Place, Suite 330
Mail To	Georgia State University Benefits Office P.O. Box 3982 Atlanta, GA 30303-3982
Email/Scan	benefits@gsu.edu

FOR BENEFITS USE ONLY:

Processed by:

Date: