

STEP 1: TELL US ABOUT YOURSELF

Choose the appropriate title: Mr. Mrs. Miss Ms. Dr. Other _____
 Last Name _____ First Name _____ M.I. _____ Employee ID# _____
 Street Address _____
 City _____ State _____ ZIP _____
 Birth date: ____/____/____ Date of hire: ____/____/____ Married Not married
 Daytime phone _____ Department _____

STEP 2: TELL US IF YOU WANT TO CONTRIBUTE (Select one option only)

I elect to contribute through salary deferrals to the vendor indicated below:

Lincoln Financial

Pre-tax contributions \$ _____ or _____ %
 Roth after-tax contributions \$ _____ or _____ %

TIAA-CREF

Pre-tax contributions:
 Defined contribution \$ _____ or _____ %
 Supplemental/tax deferred annuity \$ _____ or _____ %
 Roth after-tax contributions:
 Supplemental/tax deferred annuity \$ _____ or _____ %

Discontinue my current salary deferrals

STEP 3: READ THESE STATEMENTS CAREFULLY

- The employer will reduce your pay by the amount indicated (in **Step 2** above) per pay period and send this amount to the provider as contributions.
- The first payroll deduction will take place as soon as administratively possible after we receive this form.
- While employment continues, this agreement legally binds both you and the employer for amounts deferred while it is in effect. A new agreement must be submitted to change your percentage.
- This agreement will apply only to eligible salary not yet currently available to you. It will not apply to any amounts earned after the agreement is terminated.
- If you do not provide investment choices, your contributions will be invested in the Time Based *LifeSpan*® Mode/Lifecycle Funds assigned by birth year.

STEP 4: SIGN YOUR NAME

By signing below, I certify that I have read, understand and agree to the terms of the **Salary Reduction Agreement**. The signature of the plan administrator certifies that the plan administrator also agrees to the **Salary Reduction Agreement**.

Participant's signature _____

Date _____

Plan administrator's signature _____

Date _____

FOR HR USE ONLY

Deduction Code	Rate Entered	Effective Pay Date	Date Processed	Processed By

Return this form to:

Florida Institute of Technology ■ Office of Human Resources

150 West University Boulevard, Melbourne, FL 32901-6975 ■ (321) 674-8100 ■ Fax (321) 674-7519

E-mail hr@fit.edu ■ www.fit.edu/hr