SALARY REDUCTION/DEDUCTION AUTHORIZATION AND AMENDMENT FORM

Traditional 403(b) – PRE TAX

Pursuant to the provisions and conditions set forth on the bottom of this page, I hereby request and authorize the Payroll Department of **West Valley Mission Community College District** to reduce my salary by, or in the event of an after tax contribution, to deduct from my salary, the amount indicated in Section A of this form and direct the amount of such reduction/deduction to the insurance company and/or mutual fund company indicated in Section C below.

SECTION - A

Employee Full Name: _____ Date of Birth: _____

Social Security Number: _____ Work Site: _____ Date of Hire: _____

Employee Contribution per Pay Period: $_____

Effective Date of Change: _____/_____/_____

SECTION - B

CHECK ALL THAT APPLY: ☐ Increase in Contribution Amount ☐ Decrease in Contribution Amount

☐ New Contribution ☐ Change in Company ☐ Additional Company ☐ Stop All Contributions

SECTION – C

INSURANCE COMPANY/MUTUAL FUND TO RECEIVE 403(B) CONTRIBUTIONS:

Name of Company: _____ Amount: $_____ 403(b) Compare Number: _____

Company Address: _____

Name of Company: _____ Amount: $_____ 403(b) Compare Number: _____

Company Address: _____

SECTION – D

CANCELLATION REQUEST – Please cancel contributions to the following companies:

_____ _____
Company Name Company Address

_____ _____
Company Name Company Address

SALARY REDUCTION / DEDUCTION AMENDMENT TO EMPLOYMENT CONTRACT

It is agreed that the wages earned or contract of employment between the Employer and the below-signed Employee is amended effective as of the Effective Date of change listed in Section A of this form so that thereafter, the Employer is requested and authorized by Employee to reduce the amount of salary payments due employee and to direct the amount of such salary reduction to the company indicated above for the purchase by that company of 403(b) account for Employee under the provisions of Sec. 403(b) of the U.S. Internal Revenue Code and other applicable law. By signature of employee below, receipt of copy of this Salary Reduction Agreement/Amendment to Employment Contract on the below date is hereby acknowledged.

It is also agreed that this Salary Reduction/Deduction Agreement and Amendment to Employment Contract shall apply to any future wages/employment contracts or any amendment to the present or to any future wages/employment contract, providing only that the employee has the right, at any time, to revoke this agreement.

Employee agrees that my Employer shall in no way be liable to Employee or their successors for any money damages which might arise from the federal or state tax consequences of their participation in a 403(b) retirement account and consistent therewith, Employee further agrees to save and hold harmless my Employer from any such money damages.

Employee Signature: _____ Date: _____

Advisor Name (if applicable): _____ Phone: _____

District/Employer Authorization: _____ Date: _____

****DO NOT SUBMIT TO PLAN ADMINISTRATOR, SEND DIRECTLY TO DISTRICT PAYROLL OFFICE****