

# **SALARY DEFERRAL AGREEMENT 403(b)**

Employer: \_\_\_\_\_

**Employee:**

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

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## **A. SALARY DEFERRAL AUTHORIZATION**

Effective with respect to amounts paid on or after \_\_\_\_\_, 20\_\_\_\_, which date is subsequent to the execution of this agreement, the Employee's salary will be reduced/deferred by the amount indicated below. The Employer will contribute this amount identified below to the Employee's account(s), which the Employee will allocate among the investment options approved by the Employer.

Please check all options that apply.

- I will be contributing \_\_\_% or \$ \_\_\_\_\_ of my compensation, each pay period, on a before-tax basis until such time as I revoke or amend my election.
- I will be contributing \_\_\_% or \$ \_\_\_\_\_ of my compensation, each pay period, as designated Roth contributions until such time as I revoke or amend my election. I understand that once an amount is contributed, its designation as a Roth contribution may not be changed.
- I will not contribute at this time.
- I am utilizing the age 50+ catch-up provision.
- I am utilizing the 15+ years of service provisions.

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## **B. SALARY DEFERRAL AGREEMENT**

Both the Employer and the Employee acknowledge and understand that the Employee has total responsibility for deciding whether to defer income and for instructing to whom the Employer is to provide the deferred income for investment purposes.

The Employee may only contribute amounts that have not already been paid or made available. The Employee agrees and acknowledges that contributions shall not exceed the Internal Revenue Code deferral limit.

This Agreement is legally binding and irrevocable for both the Employer and the Employee with respect to amounts paid while this Agreement is in effect and while employment continues. The Employee may terminate or otherwise modify this agreement at any time by giving written notice so that this agreement will not apply to salary subsequently paid.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature for Employer

\_\_\_\_\_  
Date

***Submit this Salary Deferral Agreement to your Employer.  
Keep a copy for your records. Do not return to MassMutual.***

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