



BOWLING GREEN STATE UNIVERSITY

VOLUNTARY 403(B) SUPPLEMENTAL RETIREMENT PLAN SALARY REDUCTION AGREEMENT

Return Form To: Department of Human Resources/Benefits, 100 College Park (419) 372-2114 or (419) 372-2920 (fax)

NAME Department Please Print

BGSU ID # Campus Phone #

Effective Date* 403(B) Reduction \$ per pay* Reductions from compensation continue from one tax year to the next. 2009 Maximum Contribution Limit Information The maximum general contribution allowance for the tax year 2009 is \$16,500 and does not require documentation. I am eligible for the additional \$5,500 allowance for participants over age 50. Date of Birth *The effective date of this agreement is generally the date indicated by you provided your agreement is received in Human Resources/Benefits by Payroll deadlines. Your reduction will be taken out of each pay for your academic year contract (this does not include summer contract pay).

Investment of 403(B) Contribution (Flat dollar amount required) Table with 4 columns: Vendors as of 1/1/09, Flat Dollar Amount, Vendors, Flat Dollar Amount. Rows include: AIG Valic, Ameriprise Financial, AXA Equitable, ING, Metlife, Modern Woodmen, TIAA-CREF.

Agreement

Please reduce my salary to the vendor(s) I have designated. I understand and agree that:

- 1. This form does not establish a 403(B) account, but only authorizes BGSU to withhold funds from my Paycheck. In the event that I do not establish an account with a provider, BGSU will refund me any reduction(s) and this Salary Reduction Agreement will be cancelled.
2. This Agreement is legally binding and irrevocable with respect to amounts earned after the Agreement becomes effective and this Agreement will continue in effect unless I complete a new one.
3. In the event of an adverse ruling by the IRS concerning my or the University's federal income tax liability arising out of my election to participate in an individual 403(B) retirement plan, it will be my responsibility to satisfy any federal income tax deficiency assessed against me and/or the University.
4. The University reserves the right to cancel my salary reduction(s) if the amount exceeds the limits prescribed by the Internal Revenue Code.

Participants Signature

Date