

**ARKANSAS STATE UNIVERSITY SYSTEM**

**EMPLOYEE CONTRIBUTION TO VOLUNTARY RETIREMENT PLAN**

BY THIS AGREEMENT, made between \_\_\_\_\_ (the Employee) and Arkansas State University System, we agree as follows:

Effective with salaries paid on or after \_\_\_\_\_, which date is subsequent to the execution of this Agreement, the Employee's salary will be reduced by the rate indicated below for eligible salary as soon as administratively possible. All employees participating in the 403(b) Arkansas State University Retirement Plan as well as part-time, adjunct and employees participating in Arkansas Public Employee Retirement System or Arkansas Teacher Retirement System are eligible to make voluntary contributions. Student employees are not eligible to participate.

I \_\_\_\_\_ (the Employee) agree to the following voluntary salary reduction. This amount is in addition to any mandatory contribution I am making to the Arkansas State University System Retirement Plan, Arkansas Public Employee Retirement System, Arkansas Teacher Retirement System, or the Arkansas State University System Social Security Alternative Plan.

Plan	Percent
TIAA 403(b)	
TIAA 457(b)	
TIAA ROTH 403(b)	
VALIC 403(b)	
VALIC 457(b)	

I \_\_\_\_\_ (the Employee) wish to terminate my voluntary salary reduction to the following voluntary plan for salaries paid on or after \_\_\_\_\_.

Plan	Cancel
TIAA 403(b)	
TIAA 457(b)	
TIAA ROTH 403(b)	
VALIC 403(b)	
VALIC 457(b)	

I acknowledge that this agreement applies only to compensation not yet paid to me. I acknowledge that this agreement will remain in effect until I change (revoke or modify) it. I may change this agreement by providing a new election form to Human Resources. With respect to the 403(b) Plan amounts, I can change my contribution at any time. Changes in Roth or 457(b) elections must be made prospectively, before the beginning of the pay period.

This agreement shall be legally binding and irrevocable for both Arkansas State University and the Employee while the agreement is in effect. I understand that changes to the elections above will be made as soon as administratively possible.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee ID

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus Representative Signature

\_\_\_\_\_  
Date