Clark University Retirement Plan Agreement for Salary Reduction

This agreement is considered “evergreen” and will remain in effect during your eligible employment at Clark until altered or terminated via written notice to Human Resources.

Select one vendor:  □ FIDELITY  □ TIAA/CREF

Transaction type:  □ New Enrollment  □ Cancel Contributions  □ Increase Contribution  □ Decrease Contribution  □ Change Vendor  □ I do NOT wish to participate

(The Complete Section C only)

This agreement is made between ___________________________________________ C# ____________________
and Clark University.

(Please PRINT name clearly)

A. Beginning with the 1st 2nd 3rd pay (circle one) of (month) _________, 2020 (which date is subsequent to the execution of this Agreement), the employee’s basic monthly salary will be reduced by a total contribution of _________ %.*

*The mandatory two year waiting period for new employees to enroll in Clark University’s retirement plan is waived for those with two years of continuous service in a non-student, benefit eligible, position at any institution of higher education and can receive the University’s 10% contribution, 5% of the total percentage indicated above will be classified as Defined Contributions (Regular Contributions). Any amounts exceeding 5% will be classified as Tax Deferred Annuity contributions (Voluntary Contributions). If you are not eligible for the University’s contribution the entire % will be classified as Tax Deferred Annuity contributions (Voluntary Contributions).

Contribution type:  □ Defined Contribution (RA) (300/310/320/321)
□ Tax Deferred Annuity (SRA) (301/305/325)

B. If you wish to maximize retirement plan contributions please check one of the appropriate boxes below.

❑ I would like to defer the maximum IRS General Limit in 2020 which is $19,500

❑ I am/will be age 50 or older by the end of 2020 and would like to defer the maximum allowable, which for 2020 is a total of $26,000. (This includes your contributions up to $19,500, plus $6,500 for age 50 “catch-up”).

C. To Discontinue your Retirement Plan Contributions

Contribution type:  □ Defined Contribution (RA)  □ Tax Deferred Annuity (SRA)

Effective beginning with the pay period inclusive of _____/_____/_______ (today’s date or a future date) I wish to discontinue my contribution to the University’s Retirement Plan as indicated above. If I am discontinuing my regular 5% contributions, I understand that this action will result in the University’s discontinuing its 10% contribution as well.

Employee’s Signature ___________________________________________ Date ______________________

Human Resources Representative ____________________________ Date Received/Approved ______________________

*Requires prior employer to complete Documentation of Prior Employment for Participation in Clark University’s Retirement Plan