

MOUNT HOLYOKE

Authorization For Payroll Deduction/Reduction Basic and Supplemental Retirement Annuities

Name:		Social Security No.	
Annual Salary:	Payroll: <input type="checkbox"/> MB <input type="checkbox"/> MM	EE Contribution:	MHC Contribution:

PRE-TAX: I wish to participate in the Defined Contribution Retirement Plan, and I elect to defer state and federal taxes on the required contribution (5% of salary over \$25,000 in a calendar year) through payroll reduction with the understanding that these contributions will be taxed as income in accordance with the tax laws governing 403(b) plans at the time of retirement.

POST-TAX: I wish to participate in the Defined Contribution Retirement Plan, and I agree to make the required contribution (5% of salary over \$25,000 in a calendar year) through payroll deduction. I do not wish to defer payment of federal and state taxes on the required contribution.

	<i>AMOUNT / PERCENT</i>	<i>START</i>	<i>STOP</i>
<input type="checkbox"/> TCBR TIAA/CREF Basic	(5% of salary over \$25,000)	_____	_____
<input type="checkbox"/> FIBR Fidelity Basic	(5% of salary over \$25,000)	_____	_____

I wish to make additional voluntary contributions through PRE-TAX POST-TAX re/deductions to:

	<i>AMOUNT / PERCENT</i>	<i>START</i>	<i>STOP</i>
<input type="checkbox"/> TABF / TABP TIAA/CREF Basic Add'l	\$ _____ / _____%	_____	_____
<input type="checkbox"/> FABF / FABP Fidelity Basic Add'l	\$ _____ / _____%	_____	_____

I wish to make additional voluntary contributions through PRE-TAX payroll deductions to SRA or POST-TAX deductions to ROTH IRA:

<i>SUPPLEMENTAL RETIREMENT ANNUITY</i>	<i>AMOUNT / PERCENT</i>	<i>START</i>	<i>STOP</i>
<input type="checkbox"/> TSRF / TSRP TIAA/CREF SRA	\$ _____ / _____%	_____	_____
<input type="checkbox"/> FSRF / FSRP Fidelity SRA	\$ _____ / _____%	_____	_____
<input type="checkbox"/> VSRF / VSRP Vanguard	\$ _____ / _____%	_____	_____
<input type="checkbox"/> _____ / _____	\$ _____ / _____%	_____	_____
<input type="checkbox"/> FROF/FROP Fidelity ROTH IRA	\$ _____ / _____%	_____	_____

My signature below indicates that this agreement is legally binding with respect to compensation I earn while this Agreement is in effect. My signature further indicates that I am not requesting an amount of contribution to the Plan which would exceed my "maximum exclusion allowance" under Section 403(b) of the Internal Revenue Code or the Limitations on "annual additions" under Section 415 of the Internal Revenue Code. I further understand that contributions, when added to any other elective deferrals made on my behalf to any other Section 403(b) program available at the Institution in my taxable year may not exceed the limits of Section 402(g) of the Code.

I understand that this Agreement will only apply to "Regular Salary" earned by me beginning with the first day of the pay period immediately following the date I have executed this Agreement. I further understand that this Agreement may be terminated at any time with respect to compensation not yet earned, upon notice to the Plan Administrator at least 30 days prior to the date such termination will take effect.

Employee Signature Date Mount Holyoke College Representative Date

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|--|---|
| 1. Stop normal; add EE _____ MHC _____ | 3. Add amt to norm EE _____ MHC _____ |
| 2. Stop normal; sub EE _____ MHC _____ | 4. Sub amt from norm EE _____ MHC _____ |

Data Input By: _____ Date: _____