

- () Original Agreement
- () TIAA-CREF application attached
- () Fidelity application attached
- () Modified Agreement

Non-Status Employee AGREEMENT for PRE-TAX Salary Reduction Under Section 403(b) University System of New Hampshire

As a temporary (non-status) employee of the University System of New Hampshire (USNH), you may be eligible to make voluntary retirement contributions to the USNH 403 (b) Retirement Plan. In order to contribute to the plan you must meet the following requirements:

- You must work at least 20 hours per week
- You must be subject to FICA withholding
- You may not be a participant of another USNH Section 403 (b) or Section 457 plan

VOLUNTARY RETIREMENT CONTRIBUTIONS

The amount of the **pre-tax** salary reduction shall be as follows: (Please select one option below)

Please Check One	EMPLOYEE CONTRIBUTIONS		OFFICE USE ONLY
	FIDELITY	TIAA/CREF	
<input type="checkbox"/>		2 ½ %	NT1 01
<input type="checkbox"/>	2 ½ %		NF1 01
<input type="checkbox"/>		6%	NT1 02
<input type="checkbox"/>	6%		NF1 02
<input type="checkbox"/>	3%	3%	NT1 03, NF1 03

BY THIS AGREEMENT made between _____ SSN _____ and the University System of New Hampshire, the parties hereto agree as follows:

Effective for amounts paid on or after _____, which date is subsequent to the execution of this AGREEMENT, the USNH (non-status) employee's salary will be reduced by the amount indicated above and allocated among the funding vehicles approved by the Institution, TIAA-CREF and/or Fidelity Investment Corporation.

This AGREEMENT shall be legally binding and irrevocable for both the Institution and the USNH (non-status) employee while employment continues. However, either party may terminate or otherwise modify this Agreement by giving at least thirty (30) days written notice so that this Agreement will not apply to salary subsequently paid.

Thus, it is understood that the **pre-tax** salary reduction amount elected on this form will be forwarded to TIAA-CREF and/or Fidelity Investment Corporation as the USNH (non-status) employee's regular retirement contributions.

USNH Employee Signature: _____ **Date:** ____/____/____

Please Print Name: _____ **SSN** _____

USNH Employee Department: _____ **Dept Phone:** _____

USNH Campus Personnel Officer Signature: _____ **Date:** ____/____/____

OFFICE USE ONLY

Plan Type _____

High Option (Y-12): _____ Low Option (Y-11): _____

Coded by: _____ Date: ____/____/____ Proofed by: _____ Date: ____/____/____

Form Revision Date: 7/1/03