

**SAVINGS AND TAX-SHELTERED ANNUITY PLAN  
SALARY REDUCTION/ DEDUCTION AGREEMENT**

**VOLUNTARY SAVINGS**

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
TUID

Check one (or more):

- NEW**       **REHIRE**       **RE-ENROLLMENT** (following voluntary cancellation)  
 **CHANGE OF ELECTIVE AMOUNT**       **CHANGE OF VENDOR ALLOCATION**

This form should be used by employees who have no base plan employee contributions. Employees enrolling for the first time need to contact the Benefits Department to also obtain the applicable carrier application. Both the application and this form need to be returned to the Benefits Office.

**AUTHORIZATION OF VOLUNTARY SAVINGS (Optional)**

If you wish to contribute amounts in addition to your Basic Contribution, check one or more, as applicable:

- Specific Voluntary Amount: Subject to the applicable annual legal limit, I hereby authorize and agree to an additional salary contribution of  
\$ \_\_\_\_\_ per pay as pre-tax salary reduction      \$ \_\_\_\_\_ per pay as Roth 403(b) after tax deduction.

**OR**

- Maximum Voluntary Amount: I hereby authorize and agree to an additional contribution in each pay period in the amount estimated by the University which, in combination with my Basic Pre-tax and Roth 403(b) contributions, is intended to permit the maximum annual contribution allowed by law. (This annual limit, which is \$16,500 for 2009 (\$22,000 if you are age 50 or older) applies to your combined pre-tax and Roth after-tax contributions.) I understand the amount of such additional maximum contribution each pay period will be estimated by the University based on the information available to it, and that such estimate may or may not correspond to the actual maximum contribution amount which I can lawfully contribute for the year on a pre-tax or Roth after-tax basis, based on my age, service, total earnings and other contributions made (to this or any other qualified plan or tax-sheltered annuity) for the year. I wish to allocate the following percentage of the total between Pre-tax and Roth 403(b).

\_\_\_\_\_ % Pre-tax      \_\_\_\_\_ % Roth 403(b)      **Total must equal 100%.**

**AUTHORIZATION OF ALLOCATION**

Voluntary Savings

I authorize and direct that my Voluntary Savings be remitted to the following company(ies):  
(List %, not \$ amount if maximum elected).

- |                          |                      |          |
|--------------------------|----------------------|----------|
| <input type="checkbox"/> | TIAA/CREF            | \$ _____ |
| <input type="checkbox"/> | Fidelity Investments | \$ _____ |
|                          | Total                | \$ _____ |

**MAXIMUM ANNUAL LIMITS - PRE-TAX AND ROTH AFTER-TAX CONTRIBUTIONS:**

Changes in Federal tax law increase your opportunity to make tax-favored contributions to Temple's tax-sheltered annuity Plan. For 2009, the maximum amount that you can contribute, on a PRE-TAX basis and/or an AFTER-TAX basis to a Roth account, both to this Plan and ALL OTHER tax-sheltered annuities and/or 401(k) plans in which you may participate, is generally limited to \$16,500 (\$22,000 if you are age 50 or older). This limit may increase in future years.

In addition to your Basic Contribution you may make additional pre-tax or Roth after-tax contributions, up to the above-described annual limit. Be sure to calculate your total pre-tax and Roth after-tax contributions carefully, IRS penalties may apply if you contribute too much.

**LEGALLY BINDING AGREEMENT:**

I understand that this form is a legally binding agreement and is irrevocable with respect to amounts earned while this agreement is in effect. However, either the University or I may cancel this agreement at the end of any month as provided below (see "Cancellation").

Effective Date: This form should take effect as soon as administratively practicable for pay earned on or after \_\_\_\_\_ 20\_\_\_\_, provided that the effective date requirements stated above are observed and that all relevant forms are properly submitted.

**CANCELLATION**

I hereby elect to cancel all future contributions under the Plan with respect to amounts not yet earned. I understand this will be effective the first of the month following the month in which the Benefits Office received this form.

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**EMPLOYEE SIGNATURE**

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

\_\_\_\_\_  
Date