

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

SALARY REDUCTION AGREEMENT

The George Washington University 457(b) Deferred Compensation Plan

GWID: _____	Daytime Phone: _____
Name: _____	E-mail Address: _____

Enrollment: 457(b) Deferred Compensation Plan

- Initial Enrollment Change

I wish to participate in the George Washington University 457(b) Deferred Compensation Plan. I understand that the amount that I contribute cannot exceed the maximum annual contribution limit as defined by the Internal Revenue Code.

- I elect to defer _____% of my earnings per pay period.
- I elect to defer a fixed dollar amount of \$_____ per pay period.
- I elect to defer the maximum amount for the **calendar year** and authorize the university to increase my contribution as necessary each year so that I always defer the maximum amount. The maximum contribution amount will be divided equally over my pay checks during the year, based on the pay schedule of my primary position.

I elect to invest my contributions with the following provider(s). *(If both, please indicate how you wish contributions to be allocated.)*

- Fidelity Investments _____ TIAA _____

I understand that, unless I request otherwise, elections will take effect the 1st day of the month following receipt of this form by GW Benefits.

Signature: _____ Date: _____

Cancellation

- I wish to cancel my existing salary reduction agreement. I understand that this cancellation will be effective 1st of the month following submission of this form to GW Benefits.

Signature: _____ Date: _____

Completed forms can be emailed to benefits@gwu.edu, faxed to 571-553-8385 or mailed to: **GW Benefits**, 44983 Knoll Square, Suite 391, Ashburn, VA 20147