

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

2021 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. For **calendar year 2021** the maximum contribution is **\$19,500**.

- I authorize the University to reduce my regular earnings by _____%.
- I am electing a fixed dollar amount of \$_____ per pay period. (Please note your pay period may be biweekly or monthly. The amount entered above will be applied to each paycheck.)
- I elect to defer the maximum amount (**\$19,500**) for the calendar year and authorize the university to increase my contribution as necessary each year so that I always defer the maximum amount. (Please note the maximum contribution amount will be divided equally over the number of pay checks you are expected to receive during the year, based on the pay schedule of your primary position.)

I understand that unless I request otherwise, reductions will begin the later of 1/1/2021 or 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 the later of 1/1/2021 or the 1st day of the month following receipt of this form by GW Benefits.

Signature: _____ Date: _____

GW Benefits

hr.gwu.edu/benefits

phone: 571-553-8382 | email: benefits@gwu.edu | fax: 571-553-8385