

# THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

## 2022 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 2022** the maximum contribution is **\$20,500**.

- 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 later of 1/1/2022 or the 1<sup>st</sup> 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: \_\_\_\_\_

# THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

## The George Washington University 457(b) Deferred Compensation Plan

### Initial Enrollment

Eligible employees may begin to participate in the 457(b) Plan at any time.

To newly enroll in the 457(b) Plan, please submit the following forms to GW Benefits:

- (1) a completed GW Salary Reduction Agreement Form, and
- (2) a completed 457(b) Enrollment Form for you chosen provider(s)
  - a. a *TIAA 457(b) Deferred Compensation Plan Information Form*
  - b. a *Fidelity Investments 457(b) Enrollment and Beneficiary Designation Form*

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### Changing 457(b) Elections

Eligible employees may change their 457(b) elections at any time.

To change your 457(b) Plan contributions, complete a new GW Salary Reduction Agreement form and submit to GW Benefits.

If changing providers, and you do not have a GW 457(b) account with the new provider, also complete

- a) a *TIAA 457(b) Deferred Compensation Plan Information Form*, or
- b) a *Fidelity Investments 457(b) Enrollment and Beneficiary Designation Form*

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### Cancelling 457(b) Elections

Eligible employees may cancel their 457(b) elections at any time.

To cancel your 457(b) Plan contributions, complete a new GW Salary Reduction Agreement form and submit to GW Benefits.

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Completed forms can be emailed to [benefits@gwu.edu](mailto:benefits@gwu.edu), faxed to 571-553-8385 or mailed to:

**GW Benefits**  
45155 Research Place  
Suite 160  
Ashburn, VA 20147