

**University of Dallas Defined Contribution Retirement Plan & Supplemental Retirement Plan
Salary Reduction Agreement - 403(b) Election/ Change form** rev 10/11

Instructions: Use this form to elect or alter the amount by which you reduce your compensation and direct this compensation to become an elective deferral under University of Dallas' plan. This Agreement is between you and University of Dallas. Please complete this form and return it to the Office of Human Resources. Please retain a copy of this agreement for your records.

1. PARTICIPANT INFORMATION

Name: _____ Employee ID #: 900-_____

Date of Hire: _____ Date Eligible for UD Contribution: _____
Attach proof if immediately.2. EMPLOYER INFORMATION**

Name of Employer: University of Dallas
Address: 1845 E. Northgate Drive, Irving, TX 75062
Employer Phone: (972) 721-5000

3. AGREEMENT

This Agreement is made between the participant named in section 1 (Participant) and the employer named in section 2 (Employer).

Salary Deferral

A. I hereby agree to reduce my eligible compensation by \$_____ or %_____ each pay period, effective____/____/____, and my Employer agrees to contribute this amount on my behalf to the investment options I have selected for my account(s) selected in Section 4.

Catch-Up Deferral (Age 50+)

B. I hereby agree to reduce my eligible compensation (i.e., wages or salary) by \$_____ or %_____ each pay period, effective____/____/____, and my Employer agrees to contribute this amount on my behalf to the investment options I have selected for my account(s) selected in Section 4.

C. I understand that I may change, suspend and resume contributions at any time and that my salary reduction participation is completely voluntary. I also understand that the changes submitted will go into effect on the date noted above or as soon as administratively possible.

D. This Agreement may not permit an aggregate amount of salary reduction contributions under the plan which, when added to elective deferrals made on my behalf to certain other plans, such as a SIMPLE plan, or 401(k) plan exceeds the limits established by the IRS, catch-up contributions notwithstanding. I understand that I am responsible for determining that the amount of my salary reduction listed above does not exceed the limits on contributions. I also understand that my Employer will provide to me upon my request any available information from the Employer's records that are necessary to enable me to make these determinations.

4. APPLICABLE ACCOUNT(S)

The total amount (3a + 3b) elected above will be contributed by the Employer to the following authorized funding vehicles:

- TIAA-CREF (Group) Retirement Annuities \$_____ or %_____ each pay period. (This account is eligible for Employer matching funds. Please see the Employer matching schedule.)
- TIAA-CREF (Group) Supplemental Retirement Annuities \$_____ or %_____ each pay period.

5. SIGNATURES

The Participant and the Employer hereby agree to this Salary Reduction Agreement.

Participant Signature_____
Date_____
Employer Signature/Title_____
Date