



Salary Reduction Agreement

This agreement is made between you (the employee) and your employer to authorize your employer to establish, change, or cancel salary reductions that are withheld from your paycheck and contributed to RPB's 403(b) retirement plan. Any change to this agreement must be made according to procedures established by your employer.

Complete the information below and return to your employer. Do not send this form to RPB.

1. EMPLOYEE INFORMATION

First name	Middle initial	Last name
<hr/>		
Street address		
<hr/>		
City	State	Zip code
<hr/>		
Phone number	Social Security number	
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2. CONTRIBUTION AMOUNT

I, the undersigned employee, authorize (employer name), to withhold the following amounts from my compensation (salary plus parsonage, if applicable):

Traditional pre-tax contributions

Indicate the percentage or dollar amount that you elect to have withheld from your compensation (salary plus parsonage, if applicable) on an annual basis as a pre-tax contribution. Your compensation will be reduced *before* withholding taxes are calculated. When you take distributions, your pre-tax contributions and earnings will be taxable.

Percentage: _____ % or Amount: \$_____.

Roth after-tax contributions

Indicate the percentage or dollar amount that you elect to have withheld from your compensation (salary plus parsonage, if applicable) on an annual basis as a Roth after-tax contribution. Your compensation will be reduced *after* withholding taxes are calculated. When you take distributions, your qualified Roth contributions and earnings are non-taxable. See rpb.org/roth for more information.

Percentage: _____ % or Amount: \$_____.

3. EFFECTIVE DATE

Date of this agreement First day of the next pay period

4. SIGNATURES

I understand and accept that:

- My employer is tax-exempt under Section 501(c)(3) of the Internal Revenue Code.
- My employer or I can terminate this agreement at any time with respect to compensation I haven't yet earned.
- The indicated pre-tax and Roth after-tax contributions will be withheld from my pay and contributed to my RPB 403(b) account.
- I'm solely responsible for ensuring that my contributions to this account don't exceed the limits specified in Sections 402(g) and 415(c) of the Internal Revenue Code.
- This agreement will be renewed automatically at the start of each plan year unless my employer and I agree in writing to amend it.
- This agreement will remain in effect with my current employer until I submit a new form.

Employee Signature _____ Date _____

Employer Signature _____ Date _____