Salary Reduction Instructions for Voluntary Retirement Savings — 457(b)

All benefit eligible University employees are eligible to participate in the University’s tax-deferred compensation programs. Contributing to the Idaho State University 457(b) Tax-Deferred Annuity Plan is a major financial decision. This Plan is not a typical savings account — there are restrictions regarding when you can have access to money deferred into a 457(b) account. Contact ISU Human Resources and/or your 457(b) vendor if you have questions about the plan. You may also want to consult a tax advisor before making a final decision to participate. **The Internal Revenue Code limits the amount that may be contributed to the plan and imposed penalties for excess contributions; therefore, it is important to carefully consider how much to contribute.**

**Minimum Contribution Amounts:** Generally, your maximum contributions cannot exceed the Internal Revenue Code limits. For 2021, the limit is $19,500 annually. If you are, or will be age 50 during 2021, you may contribute up to an additional $6,500.

**To Open or Change An Account:** If you wish to initiate, change or discontinue a deferral election, please complete and sign a new Salary Reduction Agreement and return it to Human Resources.

**Investment Providers:** If initializing a new account, please complete the appropriate vendor enrollment forms. They may be requested from:

**VALIC**  
Guy Ferguson  
(208) 608-6239  
www.valic.com

**TIAA**  
Jason Casey  
206-529-2623  
www.tiaa.org

**State of Idaho Deferred Compensation Plan**  
**Nationwide Retirement Solutions**  
Bruce Singkhaopht  
(208) 383-6994  
(866) 432-6789  
www.idahodc.com

If you have any questions regarding your Salary Reduction Agreement, please contact:

Idaho State University Human Resources  
Campus Box 8107  
Pocatello, ID 83209-8107  
Phone: (208) 282-3106  
Fax: (208) 282-4976  
Email: benefits@isu.edu  
Web: www.isu.edu/hr/
Salary Reduction Agreement for Voluntary Retirement Savings — 457(b)

Employee Name: ____________________________  Employee ID: ____________________________

Address: ____________________________  City: ____________________________  State: ____________________________  Zip Code: ____________________________  Home Phone: ____________________________

Email address: ____________________________  Work Phone: ____________________________

New Participation in the Plan  Replace Existing Agreement  Cancel Salary Reduction

Contribution Amounts

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Bi-Weekly Pre-Tax Contribution:</th>
<th>Paycheck Effective Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor: (Nationwide only Roth option)</td>
<td>Bi-Weekly After-Tax Roth Contribution:</td>
<td>Paycheck Effective Date:</td>
</tr>
</tbody>
</table>

*Please note: If you are requesting an immediate change and your form is submitted after timesheets are due, your changes will be reflected on the next paycheck.

Certification

I hereby understand and certify as follows:

- I wish to participate in the Idaho State University 457(b) Tax-Deferred Annuity Plan. I hereby authorize and direct the University to reduce my compensation by the amount of the contribution shown above and to remit such contributions to the Plan Vendor identified above.
- I understand that this salary reduction agreement revokes and replaces any 457(b) Salary Reduction Agreement that I have previously signed. I understand that the contributions will be deducted each pay period. It will remain in effect until replaced with a different Salary Reduction Agreement or cancelled in writing.
- The Agreement will not apply after the employment with the University has ended or if the biweekly salary is not sufficient to make the designated contribution.
- I understand that the investment choices set forth are my own and reflect the amount(s) to be invested in accordance with this Agreement. I assume responsibility for reading and understanding the materials provided by Vendors regarding investments for selecting among the alternatives.
- I understand that my total contributions for each calendar year must follow the statutory limitation under Internal Revenue Code and that it is my responsibility to monitor compliance with these rules.
- I have also completed and submitted the required account application(s) for the Vendor(s) I have selected. I understand that failure to complete the vendor application will result in my contributions being deposited in lower-risk default investments.
- I understand and acknowledge that ISU Human Resources cannot give me tax or investment advice regarding my retirement account(s); I can obtain that information and advice through my Investment Provider.

Employee Signature: ____________________________  Date: ____________________________

For ISU Human Resources Department Only:

Date Received: ____________________________  Received by: ____________________________  Date forwarded to Payroll: ____________________________