



<b>Effective Month:</b>	<b>Effective Year:</b>
<i>This form must be received by the <b>10th</b> to be processed for the "Effective Month" indicated.</i>	
<b>Name:</b>	<b>CSU ID:</b>
<b>Email Address:</b>	<b>Phone Number:</b>

**Employee Type:**

Academic Faculty/Administrative Professional/Post Doctoral Fellow       State Classified

Faculty Transitional       Hourly\*

**Deduction Frequency:**

Fixed % any month wage is paid       Fixed \$ any month wage is paid

Fixed \$ for 8 months (Sept-Apr)       **Cancel** monthly contribution

Enter the amount of your current contribution ("0" if not contributing) in the 'Current' column. Update your contribution in the 'New' column. If ending a contribution to one CSU vendor and beginning with another, enter "0" in the 'New' column for the prior vendor.

	<b>Current Monthly Dollar Amount or Whole %</b>		<b>New Monthly Dollar Amount or Whole %</b>	
	<b>Traditional (Pre-Tax)</b>	<b>Roth (Post-Tax)</b>	<b>Traditional (Pre-Tax)</b>	<b>Roth (Post-Tax)</b>
<b>TOTAL</b>				

I hereby request that my salary be modified to reflect that the part of the compensation which would otherwise be payable to me will instead be used by the University to purchase an annuity under the terms of Section 403(b) of the Internal Revenue Code and my deduction does not exceed Internal Revenue Service (IRS) allowable maximums. For this purpose, I hereby authorize the University to reduce my future monthly salary payments by the amount indicated in the distribution agreement above and apply the indicated amount toward the purchase of a qualifying non-forfeitable tax-deferred investment on my behalf. Contact your tax-deferred investment company and/or your representative directly for details.

This agreement shall be legally binding on both parties while active employment continues. I understand that:

1. It is my responsibility to establish an account with the investment provider I have elected prior to deductions being withheld. If I do not establish my account in a timely manner, I understand that the investment company will return my contribution to CSU.
2. Any salary reduction agreement in effect at the end of a tax year will automatically be renewed for the following tax year unless specifically canceled or replaced by a new salary reduction agreement. (Contributions which exceed IRS limits will be reduced to the maximum by CSU and a new salary agreement will be required for the next year).
3. I may cancel my contributions at any time with proper notice.
4. There may be IRS restrictions on withdrawals, rollovers and/or transfers (e.g., you must begin withdrawals at a certain age).

\*I understand that if I am paid on an hourly basis, I must elect the fixed % pay option.

<b>Employee Signature:</b> <i>(electronic signature accepted)</i>	<b>Date:</b>
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**Submit this form directly to Human Resources**

<b>Email:</b> <a href="mailto:MyHR@colostate.edu">MyHR@colostate.edu</a> <b>Fax:</b> (970) 491-6302	<b>In-Person:</b> 555 S Howes St Fort Collins, CO 80523	<b>Mail:</b> 6004 Campus Delivery Fort Collins, CO 80523
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