ANGELO STATE UNIVERSITY

SALARY REDUCTION AGREEMENT

TO: Office of Human Resources/Office of Payroll

Effective with respect to amounts earned on or after the first day of _____, 20___ which date is subsequent to the execution of the agreement, and pursuant to the provisions of Section 403(b), United States Internal Revenue Code of 1954, as amended, and as authorized by Senate Bill No. 17, Acts 57th Legislature, 3rd Called Session, 1962, and Senate Bill No. 279, Acts 61st Legislature, Regular Session, 1969, Angelo State University is hereby authorized and directed to reduce my future compensation to purchase for me a non-forfeitable annuity(ies) or mutual fund(s)s as hereinafter described.

(Please place an "X" in the appropriate box or boxes.)

Under **Optional Retirement Program** - Angelo State University shall:

1. Reduce my gross compensation by 6.65% applicable each month during the current calendar year and for the months during each subsequent year, unless revised by the contributor.
2. Pay an amount equal to 6.0% (as of 9/1/07 amount equal to 6.58%) of my gross compensation to provide retirement benefits; and
3. Apply said sums to the payment of deposits for a retirement annuity contract selected by me in accordance with the terms of the Optional Retirement Program and issued by:_____.
   (Name of Approved ORP Company)
4. I participated in ORP prior to September 1, 1995: □ Yes □ No Grandfathered matching percentage is _____%.

Under **Tax Sheltered Annuity (TSA) 403(b)** – Angelo State University Shall:

1. Reduce my gross compensation by $_____ per month for __ months during the current calendar year, and for ____ months during each subsequent calendar year, unless revised by the contributor.
2. Apply said sum to deposits for a non-forfeitable retirement annuity contract selected by me and issued by:

_____ _____
(Name of Approved Annuity Company) Account Number

Under **Deferred Compensation Plan (TexaSaver) 457(b)** – Angelo State University Shall:

1. Reduce my gross compensation by $_____ per month for __ months during the current calendar year, and for ____ months during each subsequent calendar year, unless revised by the contributor.
2. Apply said sum to deposits for a non-forfeitable retirement annuity contract selected by me and issued by:

_____ _____
(Name of Approved Annuity Company) Account Number

The amount above includes (check all that apply):
____Age 50 Catch-Up ____15-Year Catch-Up (TSA only)

It is further agreed and understood that Angelo State University assumes no liability or responsibility either for the income tax aspects of these annuity/mutual fund programs or for the annuity/mutual fund policy terms and provisions.

This agreement shall be legally binding and irrevocable as to both of the parties hereto while employment continues; provided, however, either party may change or terminate this agreement as of the end of any month, so that it will not apply to compensation not yet earned, by giving at least thirty (30) days written notice of the date of said change or termination; and provided, further, that no more than one agreement for such compensation reduction may be made within any calendar year except to the extent otherwise permitted under Section 403(b) of the Internal Revenue Code of 1954 as amended. This agreement shall remain in force for the duration of employment, except as changed or terminated within the allowable provision of this agreement hereinabove stated.

In witness whereof the parties have hereunto set their hands and seals this _____day of _____ 20____.

ACCEPTED: ANGELO STATE UNIVERSITY

_____
Signature of Authorized Administrative Official

☐ This is an initial authorization

☐ This is an amended authorization

_____
Employee's Full Name – Print or Type

_____
Employee's Signature

_____
CID Number

_____
Department

Revised 7/18/07 HR