Ball State University ROTH 403(b) Agreement Form

Complete this form to start or change a Roth 403(b) after-tax salary reduction

1	Name:	2. BSU ID No.
	this Agreement made between the above named individual and Ball State L	
Th Un	his Agreement made between the above named individual and ball state on the parties are to both of the parties are until changed in writing by me or my status as an employee changes ntribute. No more Agreements (changes) may be made within any taxable year Treasury Regulations under Section 403(b) Internal Revenue Code.	s hereto while employment continues at Ball State s to the extent that I am no longer eligible to
be the the	elect to have my salary reduced by the total AFTER-TAX amount specified be atween the pay periods as elected or as appropriate for my job classification, as University and/or State to my retirement plans will produce a total University as statutory deferral allowance. I understand I may change my elections at an or calendar year as specified above.	which sum plus any other amounts contributed by y (State) contributon to my annuity not in excess of
3.	My job classification's normal pay schedule is: (check one):	
	10 pays per year12 pays per year26 pays	s per year 20 pays per year
4.	My voluntary, after tax Roth 403(b) deduction is to be effective with subsequent to the execution of this agreement).	amounts earned and paid to me (which date is
	a As soon as administratively possible. (The deduc date the form is received in good order in the PEB	tion will start the first payroll possible based upon the soffice.)
	OR (specify date below)	
	b The deduction will start based upon the date indic received in good order in the PEB office. If you a the beginning of a month, for example, Nov. 1 or date is the beginning of a pay period.	
5.	* =	
Ο.	Deduction per pay no. of pays (generally From Item 3 above*)	Annual amount
	*if you want deductions taken for a number of pays other than number of pays (see item 3), you may wish to submit a secon based upon your contractual number of pays. In this case, the specific effective date. Multiple forms may be submitted simulations.	ad form in which you state a new deduction amount e second form would need for you to indicate a
6.	Roth 403(b) After-Tax contributions are to be directed to the vendor I have indicated below.	
7.	I certifiy I have a current, BSU 403(b) Roth deduction or I am (or have) establish a BSU 403(b) Roth account with this vendor. (If this is your firs account is ready to accept ROTH contributions. Contact PEB or your vendor.)	t ROTH deduction, please verify your BSU
	Fidelity Investments Tax-Exempt Services Company	For PEB use only:
	Lincoln National Life Insurance Company	
8.	SIGNATURE (required)	
	Employee:	Date:
	Payroll & Employee Benefits Representative:	