

Drexel University College of Medicine Retirement Plans: 403(b) Enrollment/Change Form

This agreement cancels all prior agreements of this type.

The terms of this agreement are as follows:

Effective for amounts paid in the next payroll, the employee's salary will be reduced by the amount(s) indicated below. At the same time, the Institution will contribute an amount as stated in the plan document to the employee's annuity contracts (or custodial accounts) which the Employee will allocate among the funding vehicles approved by the institution.

This agreement shall be legally binding and irrevocable for both the Institution and the employee while employment continues. However, either party may terminate or otherwise modify this Agreement as of the end of any month (or pay period) by giving written notice mailed, faxed or delivered to the address of record of the other party prior to the payroll run date of the next pay period after the termination date, except if the employee is required by the Plan to participate.

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SUBMISSION DEADLINE	The deadline for any specific month is the first day of that month.		
Employee Name	Unive	rsity ID	
Pay: Weekly	Bi-weekly Monthly Date of Birth Date of	of Hire	
Email	Telephone		
New Election	Change Election		
The amount of the salary	reduction shall be % of gross annual salary OR		
The catch-up amount for	ald like to elect the Maximum Amount allowable. For 2013, the maximum for those 50 or over is an additional \$5,500, therefore the maximum for those 5 is combined between employers. If you are enrolling mid-year, you must suer, year-to-date here	50 or OVER is \$23,000 . Please note	
DISTRIBUTION OF FUNDS Please select a company to manage your funds.		NOTE: Your enrollment is not	
☐ TIAA-CREF	ter your first contribution, go to https://www.tiaa-cref.org/public/index.html or call have complete have complete and its stribution and to designate a beneficiary.		
☐ Vanguard Group, Inc.	After your first contribution, go to https://institutional.vanguard.com/VGApinstitutional/clientsolutions/dc or call 800-523-1188 to set up your fund distand to designate a beneficiary.		
Fidelity Investments	After your first contribution, go to https://401k.fidelity.com/public/content/Home/LandingTEM or call 800-343-0860 to set up your fund distribution an designate a beneficiary.		
I understand that the mandatory contribution I understand that it withheld and to no	AL THE ITEMS BELOW AND SIGN THE FORM his agreement cancels all prior agreements of this type and, if mandatory for tion. is my responsibility to view my paycheck each pay period to determine if the tify Drexel of any discrepancies immediately.	,	
Employee Signature		Date	