☐ **NEW (Attach Vendor Application)**
☐ **CHANGE**
☐ **CANCEL**

**Agreement for Salary Reduction Under Section 403(b)**

**BY THIS AGREEMENT**, made between _____(the Employee) and the Nevada System of Higher Education (NSHE), we agree as follows:

Effective for amount paid on or after_____, _____, which date is subsequent to the
(month & day) (year)
execution of this Agreement, the Employee's salary will be reduced by the amount indicated below. At the same time, the Institution will contribute a corresponding amount 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, if applicable) by giving at least thirty days written notice so that this Agreement will not apply to salary subsequently paid.

The amount of the salary reduction shall be

$ _____ per pay period

I am paid: (check one)

☐Monthly ☐Semi-Monthly

This amount will produce a total contribution that does not exceed the Employee's statutory limitation under IRC Section 415 or Section 402(g), whichever is less. For employees age 50 or over, this amount will include any additional catch up contribution permitted under IRC Section 414(v).

The amount will be contributed by the Institution to the following authorized funding vehicles:
Fidelity $_____ TIAA-CREF $_____ VALIC $_____

Signed this _____ day of _____, _____.
(date) (month) (year)

_____ _____
(Employee Signature) (Employee ID Number)

By _____ _____
(Administrator's Signature) (Institution)

TSA Agreement (12/01)

| | |
|---|---|
| **Please return or fax this form to:** | **BCN-HR Benefits Dept.** |
| **(775)784-6844** | **70 Artemesia Way, Room 2 MS-240** |
| **Fax: (775)784-1146** | **Reno, NV 89557** |