

## Retirement Savings Plan (403b) Living Allowance Reduction Agreement for U.S. Long Term Global Workers

### I. Participant Information

Employee's name: \_\_\_\_\_

T Account # or Last 4 digits of SSN: \_\_\_\_\_

### II. Enrollment / Change Information (Please check one)

New Enrollment       Change Elections       Discontinue Contributions

**Changes may be made monthly.** Revised Living Allowance Reduction Agreement forms must be received no later than 25th day of the month to be effective for the following month.

**III. Participant Elections.** I authorize my employer to deduct the following amount from my living allowance each month and contribute the amount to my 403(b) Retirement Savings Plan account:

**A. Living Allowance Reduction/deferral amount.** My employer will withhold from my living allowance (and treat as my deferrals) the following monthly amount:

**Dollar amount.** \$\_\_\_\_\_ **per month.** (The amount must not be less than \$60 for a single employee, or \$120 for a married employee with an affiliated spouse, and must be a whole dollar amount.)

**Zero.** I do not wish to defer any amount. I hereby terminate my prior Living Allowance Reduction Agreement.

**B. Type of deferral.** *(If in A above you elected a deferral amount other than zero, you must check 1 and only 1 of the 3 boxes below):*

**Discretionary deferrals.** I elect to have my deferrals made as Regular 403(b) deferrals for that portion of my employment when I am on assignment in the United States, and to have my deferrals made as Roth 403(b) deferrals for that portion of my employment when I am on assignment outside of the United States in a foreign country.

*(If you check the above box do not check either of the remaining boxes below.)*

**Regular 403(b) Deferrals (Pre-Tax).** I elect to have all of my living allowance deferrals treated as regular (pre-tax) 403(b) contributions. I understand that the amount I defer under this Living Allowance Reduction Agreement will reduce my reportable taxable compensation for the year in which the deferrals are made.

**Roth 403(b) Deferrals (After-Tax).** I elect to have all of my living allowance deferrals treated as Roth 403(b) (after-tax) contributions. I understand that the amount I defer under this Living Allowance Reduction Agreement will not reduce my reportable taxable compensation. These deferrals will be included in my taxable income for the year in which they are made.

I UNDERSTAND: (1) MY ELECTION REGARDING THE TYPE OF DEFERRALS IS IRREVOCABLE ONCE THE EMPLOYER WITHHOLDS THE DEFERRALS FROM MY PAY; AND (2) ANY CHANGE OF ELECTION REGARDING THE TYPE OF DEFERRALS IS EFFECTIVE ONLY FOR DEFERRALS FROM MY PAY AFTER THE PLAN ADMINISTRATOR ACCEPTS MY CHANGE OF ELECTION.

I UNDERSTAND I HAVE A DUTY TO REVIEW MY PAY RECORDS (PAY STUB, ETC.) TO CONFIRM THE EMPLOYER PROPERLY IMPLEMENTED MY SALARY REDUCTION ELECTION. FURTHERMORE, I HAVE A DUTY TO INFORM THE PLAN ADMINISTRATOR IF I DISCOVER ANY DISCREPANCY BETWEEN MY PAY RECORDS AND THIS SALARY REDUCTION AGREEMENT. I UNDERSTAND THAT MY FAILURE TO REPORT ANY DISCREPANCY MAY RESULT IN A LOSS OF OR REDUCTION IN MY ABILITY TO DEFER.

\_\_\_\_\_  
**Signature** of Employee (may not be typed name)

\_\_\_\_\_  
**Date**

**RETURN THIS FORM TO THE BENEFITS COORDINATOR at [BenefitsHelp@proton.me](mailto:BenefitsHelp@proton.me)**  
(Keep a copy for your records)

Received: \_\_\_\_\_ Effective: \_\_\_\_\_ GS EAP: \_\_\_\_\_ APS: \_\_\_\_\_ MFile: \_\_\_\_\_