

**Retirement Savings Plan (403b) Salary Reduction Agreement
for U.S. Long Term Global Workers**

I. Participant Information

Employee's name: _____

Social Security or Employer Account #: _____

II. Enrollment / Change Information (Please check one)

☐ New Enrollment ☐ Change Elections ☐ Discontinue Contributions

Changes may be made monthly. Revised Salary 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 compensation each month and contribute the amount to my 403(b) Retirement Savings Plan account:

A. Salary Reduction/deferral amount. My employer will withhold from my compensation (and treat as my deferrals) the following monthly amount:

☐ **Dollar amount.** \$_____ **per month.** (The amount must not be less than \$60 for a single person, or \$120 for a married person, and must be a whole dollar amount.)

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

B. Type of deferral. I elect to make (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 deferral election.** I hereby 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 field.

I understand and agree that this is the default election and will be implemented for all participants if another election is not made or if no election is made. For participants who have reached the age of 60 prior to January 1, 2006 this election is void unless specifically chosen and all deferrals will be to the Regular 403(b) deferral.

(if you check the above box do not check either of the remaining boxes below)

☐ **Regular 403(b) deferrals (pre-tax).** All of my deferrals as Regular 403(b) deferrals. I understand the amount of deferrals I have elected in this Salary Reduction Agreement will reduce my current compensation which is includible in income for the taxable year of the deferral.

☐ **Roth 403(b) deferrals (after-tax).** All of my deferrals as Roth 403(b) deferrals. I understand the amount of deferrals I have elected in this Salary Reduction Agreement will NOT reduce my current compensation which is includible in income and that my deferrals will be includible in income for the taxable year of the deferral.

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
(Keep a copy for your records)

Rec'd: _____	Effective: _____	GS/Mfile: _____	APS: _____	Cp to MF: _____
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