Clackamas Community College

Voluntary Retirement Plan Salary Reduction Agreement

Community Conege				
This is: □ An Original Authorization. Account □ A Replacement of all previous 403b/45 □ In Addition to my previous 403b/45 □ A Termination Agreement.	o/457b Agreement(omitting form.	
Employees: There are federal laws governing the amouterminate salary reduction agreements. If Compensation account(s).	•	•	•	
This agreement must be received by the H on the payroll date of that month.	luman Resources (Office not later than the tenth (1	0th) of the month for	it to be effective
Notice to terminate or revise this agreemer payroll date of that month.	nt must be received	I in writing by the tenth (10th) of	the month for it to be	effective on the
This agreement made between Community College, the parties agree as for		(print employee name),	(Colleague ID)	and Clackamas
In accordance with the provisions of applicable state and fede month a reduction in salary by the amount indicated below. C Company as designated below. The salary reduction shall be assume all responsibility for the accuracy of the exclusion a selection of the Insurance or Annuity Company indicated belo	lackamas Community Colle e not being in excess of the llowance and any consequ	ege agrees to send proceeds of the salary red e statutory exclusion allowance under the U uence in connection therewith. The employe	luction to the Insurance/Annui S. Internal Revenue Code. T	ty Company/Investmer he employee agrees to
□ 403(b)/TSA Plan (please check which	n provider(s) you h	nave elected to contribute fund	s to)	
 □ American Funds Distributors, Inc. □ AXA Equitable Life Insurance Con □ Oppenheimer Funds (pre-tax) (Rot 	npany (pre-tax)	☐ Mass Mutual (pre-tax) (R☐ Vanguard (pre-tax) (Roth☐ TIAA (pre-tax)	,	
Monthly Pre-Tax deduction Monthly Post-Tax/Roth deduction Total monthly 403(b) deduction	\$ \$ \$			
□ 457(b)/Deferred Compensation Plan	1 (please check w	hich provider(s) you have elec	ted to contribute fur	nds to)
□ Oregon Savings Growth Plan	n (pre-tax) (Roth)	□ Mass Mutual (form	erly The Hartford) (pre-tax) (Roth)
Monthly Pre-Tax deduction Monthly Post-Tax/Roth deduction Total monthly 457(b) deduction	\$ \$ \$			
Grand Total Monthly Deduction Effective Pay-Date: (Remember 457(b) deduction may not start until the	\$e 1st payroll after the 1st	– st of the month following receipt of ap	plication by company.)	
Employee Signature	 Date	Human Resources	Signature	Date