

403(b) (7) Salary Reduction Agreement



Use this agreement to authorize or change salary reduction contributions to your Vanguard 403(b)(7) individual custodial account.

After signing this agreement, submit it to your Payroll Department to keep with the plan records; don't send it to Vanguard.

Once this form is received by Payroll, you will receive an email confirmation from Vanguard. Click on "complete your application" to create your account.

**Questions?
Call 800-662-2739**

1. Employee Information

Name of Employee <i>first, middle initial, last</i>
Social Security Number <i>xxx-xx-xxxx</i>
Email Address

2. Employer Information

Mt. Olive Township Board of Education
227 U.S. Highway 206, Suite 10
Flanders, NJ 07828

3. Contribution Amount (*per Pay Period*)

I want to reduce the compensation I receive each regular pay period by the following amount and have that amount contributed to my Vanguard 403(b)(7) individual custodial account:

New Agreement **Contribution Change** **Discontinue Contribution**

Amount Per Pay Period	Start Date <i>mm/dd/yyyy</i>
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4. Signatures

As the employee, I understand that:

- This agreement will be renewed automatically at the start of each plan year unless my employer and I agree in writing to amend it.
- My employer or I can terminate this agreement at any time with respect to compensation I haven't yet earned.
- I am solely responsible for ensuring that my contributions to this account don't exceed the limits specified in the following sections of the Internal Revenue Code: the elective deferral limitations in Section 402(g) and the annual additions limitations in Section 415(c).

Both employee and plan administrator must sign here.	Signature of employee	Date <i>mm/dd/yyyy</i>
	Signature of plan administrator	Date <i>mm/dd/yyyy</i>