



**TEMPLE COLLEGE
TAX DEFERRED ANNUITY SALARY REDUCTION AGREEMENT**

Name _____ SSN/PEID _____

Department _____

Effective with respect to amounts earned on or after the first day of _____, 20 ____, which is subsequent to the date of execution of this agreement, and pursuant to the provisions of Section 403(b), United States Internal Revenue Code of 1986, and as authorized by Senate Bill No. 17, Acts of the Texas 57th Legislature, Temple College is hereby authorized and directed to reduce my future compensation to purchase for me a non-forfeitable 403(b) Tax Deferred Annuity as hereinafter described:

Reduce my gross compensation by \$ _____ per month for _____ months during the current calendar year, and for _____ months during each subsequent calendar year. Apply said sum to deposits for a non-forfeitable contract or account selected by me and issued by: _____
(Name of Carrier)

THIS AGREEMENT IS INCLUSIVE AS WRITTEN AND SUPERCEDES ALL PREVIOUS AGREEMENTS. EXISTING PROGRAMS WILL BE AMENDED OR CONTINUED ONLY TO THE EXTENT THAT IS SPECIFICALLY STATED ABOVE. EXISTING PROGRAMS, WHICH ARE NOT INDICATED ON THIS AGREEMENT, WILL BE TERMINATED.

It is understood and agreed that Temple College has not made any representation concerning income or other tax liability and is not liable or responsible for any tax consequences occurring under this program nor for any of the terms or provision thereof.

This agreement shall be legally binding and irrevocable as to both of the parties hereto while employment continues; provided, however, either party may change or terminated this agreement as of the end of any month, so that it will not apply to compensation not yet earned, by giving at least thirty (30) days written notice of the date of said change or termination' and provided, further, that not more than one agreement for such salary reduction may be made within any calendar year except to the extent otherwise permitted under Section 403(b).

THIS IS AN INITIAL, AMENDED AUTHORIZATION.

Date

Employee's Signature

CARRIER REPRESENTATIVE	
Name _____	Company _____
Accepted by: _____ Human Resources Representative	Date _____