

The California State University (CSU) 403(b) Supplemental Retirement Plan (SRP) Salary Reduction Request Form

Instructions: Use this form if you wish CSU to deduct an amount of money from your paycheck to be contributed to your CSU 403(b) plan. Please complete this form and return it to your Campus Benefits Representative. Please retain a copy of this form for your records. DO NOT RETURN THIS FORM TO FIDELITY INVESTMENTS.

1. PARTICIPANT INFORMATION

Please use a **black** pen and print clearly in **CAPITAL LETTERS**.

Social Security #: - - Date of Birth: - -

First Name:

Last Name:

Street Address:

Address Line 2:

City: State:

Zip: -

Daytime Phone: - - Evening Phone: - -

Personal and/or Work Email:

2. EMPLOYER INFORMATION

Name of Campus:

Street Address:

Address Line 2:

City: State:

Zip: -

Please select a Status Code: Active Re-hired FERP

Hire Date:

3. CONTRIBUTION

Pre-tax Deferrals:

Please note: The minimum monthly salary deferral is \$15.00

A. Please deduct from my eligible compensation (i.e., wages or salary) on a pretax basis.

\$

CSU agrees to contribute this amount on my behalf to the investment options I have selected. If no investment options are selected, contributions will be invested in a Target Date Fund, based on your date of birth.

After-tax Roth Deferrals:

B. Please deduct from my eligible compensation (i.e., wages or salary) on an after-tax Roth basis.

\$

CSU agrees to contribute this amount on my behalf to the investment options I have selected.

C. This contribution may not require an amount of contributions under the plan which, when added to elective contributions made on my behalf to certain other plans, such as a 403(b) arrangement, a SIMPLE plan, or 401(k) plan exceeds the limit as may be in effect for the year under (i) Internal Revenue Code ("Code") Section 402(g)(1) or 402(g)(7), if applicable, and (ii) Code Section 414(v), if applicable. I understand that I am responsible for determining that the amount of my contribution listed above does not exceed the limits on contributions in this section. I also understand that CSU will provide to me upon my request any available information from CSU's records that is necessary to enable me to make these determinations.

4. SIGNATURES

A. A quarterly administration fee of \$11.50 will be assessed to any participant with a balance in CSU 403(b) SRP investment options.

B. Contributions will initially be invested in the Target Date Fund based on your date of birth.

C. You may change investment options, beneficiary designations and contribution elections at any time by visiting www.netbenefits.com/calstate or by calling 877.CSU.3699 (877.278.3699).

D. I direct CSU to make contributions on my behalf as requested in Section 3. I understand that I may change the dollar amount contributed to the CSU 403(b) Plan at any time as allowed under the terms of the Plan. I also understand that it is my responsibility to comply with the Internal Revenue Code deferral limits.

Participant Signature:

Date: --

Employer Signature:

Date: --

Employer Title:

**Return this form to your Campus Benefits Office or fax it to
562-951-4695.**

Do not return this form to Fidelity Investments.

