VOLUNTARY/SUPPLEMENTAL SALARY DEFERRALS
to the SWARTHMORE COLLEGE RETIREMENT PLAN AGREEMENT (SDA)

The Salary Deferral Agreement ("SDA" or "Agreement"), between _____ (the "Employee") and Swarthmore College, (the "College"), the parties hereto agree as follows:

Effective the first day of (Print Month) _____ (Print Year) _____, the Employee's base salary will be reduced by the amounts indicated below, provided the agreement is submitted at least thirty (30) days prior to the requested effective date for the respective payroll. Otherwise, the change will be effective the first of the following month or as soon as administratively feasible.

This agreement shall be legally binding and irrevocable for both parties hereto while employment continues. However, the Employee may terminate or modify this agreement attributable to the Voluntary/Supplemental contributions to the Swarthmore College 403(b) Retirement Plan by giving at least thirty (30) days written notice. The College reserves the right to terminate or modify this agreement should the total contributions exceed the limits set forth under sections 402(g) and 415(c) of the Internal Revenue Code.

The amount of the salary deferral, exclusive of the mandatory 5.5% employee contribution, and which may not produce a total contribution in excess of the limitations under 402(g) and 415(c) of the Internal Revenue Code shall be shall be:

The amount on this form is a separate payroll deduction from the Employee 5.5% Mandatory/Basic contribution.

403b Pre-Tax (ded code RST)	ROTH 403b Post-Tax (ded code RTR)
$_____ PER MONTHLY PAYCHECK	$_____ PER MONTHLY PAYCHECK
$_____ PER BIWEEKLY PAYCHECK	$_____ PER BIWEEKLY PAYCHECK

(if you are paid biweekly – voluntary/supplemental retirement contributions are only deducted from the 1st & 2nd pay dates of the month, no voluntary/supplemental payroll deduction will be withheld for the 3rd pay date in the month)

Print Employee Name	Employee Signature	Date Signed
Employee ID #	Employee DOB / Age	Paid Monthly ❑
		Paid Bi-Weekly ❑

Please return completed forms to: HR/Benefits, email to benefits@swarthmore.edu, or fax 610-690-2040

OFFICE USE ONLY:

RECEIVED BY:_____   DATE:_____

ADDED TO: ❑ BANNER   ❑ BDM   ❑ RET FOLDER   ❑ TRACKING SS