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STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY — DIVISION OF PENSIONS & BENEFITS
SUPPLEMENTAL ANNUITY COLLECTIVE TRUST

SALARY
REDUCTION
AGREEMENT

It is agreed by and between _____ (employee)

and _____ (employer) that the employee agrees to a

reduction in the amount of his/her salary in return for the employer's agreement to use the amount of such reduction in salary to purchase on behalf of the employee, an annuity which qualifies under the provisions of Section 403(b) of the Internal Revenue Code of 1954 as amended.

For such purposes, the employee hereby authorizes and the employer agrees to:

1. REDUCE the employee's includible compensation (base salary less pension contributions) by _____%, (the amount of the reduction to be rounded to the nearest whole dollar) beginning with the effective date certified by the Division of Pensions and Benefits on the Employer's Certification of Payroll Deductions. This agreement shall remain in force for at least one year without modification unless cancelled because of termination of the employment relationship. It shall continue as specified above unless terminated or modified after one year. Notice of termination or modification shall be given by submitting a Change of Contribution Rate Request and a newly executed Salary Reduction Agreement.
2. REMIT monthly to the Supplemental Annuity Collective Trust of New Jersey, the sum of such reduction in includible compensation as premiums on the annuity which is purchased by the employer on behalf of the employee pursuant to the provisions of Chapter 123, P.L. 1963, as amended and supplemented.
3. The employee's rights to the annuity purchased by the employer on the employee's behalf pursuant hereto shall be nonforfeitable.

NAME OF EMPLOYING AGENCY

EMPLOYEE'S SIGNATURE

ADDRESS OF EMPLOYING AGENCY

RETIREMENT SYSTEM

LOCATION CODE NO. (PAYROLL NO.)

MEMBERSHIP NUMBER

SIGNATURE & TITLE OF
EMPLOYER'S AGENT

DATE

SALARY REDUCTION AGREEMENT — CONFIRMATION OF RECEIPT

EFFECTIVE DATE

ADMINISTRATOR'S SIGNATURE

DATE