| Name _ | Empl ID |
|--------------------|--|
| Campus Address | Campus Phone |
| Plan CParticipatio | n: (Employees hired on or after 7/1/2015) I elect the following investment carrier for my Plan CNon- |
| • | ment Account. Subject to a one year waiting period unless requirements are met for waiver of the waiting t carrier on-line enrollment must be completed when establishing new account) |

...

Salary Reduction Agreement

I acknowledge that this Agreement is subject to the following conditions:

x It remains in effect unless terminated by me upon 30 days' written notice, I dieor my CWRUemployment terminates.

x The amount of reduction may be changed only onceach quarter of the calendar year effective for compensation earned from and after the first day of the month following the month in which a revised salary reduction agreement is executed provided it is received by CWRUat least five business days before the end of the month of execution.

x The amount of salary reduction is limited under the Internal Revenue Code to the lesser of:

- x maximum contribution limit under Section 415;
- x maximum contribution limit under Section 402(g)

You may be eligible to make an election to exceed the 403(b) contribution limit if you have at least 15 years of service at CWRU There are no estrictions on the number of times you may use the 15 year rule; however, a lifetime maximum limits your contribution under this rule to \$15,000. If you

¹⁵⁻Year Special Election