

# Salary Reduction Agreement



- Before completing this form, check with your employer to see if there is a specific salary reduction form that you should use. If there is not, use this form to make or change your instructions to have your employer deduct money from your paycheck for your retirement account investment.
- Provide your completed form to your employer.

**Please print clearly in CAPITAL letters using black ink and sign on Page 2.**

**If you have questions about this form, please call a Business Retirement Specialist at 1-800-345-3533.**

## 1 Provide Salary Reduction Information

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Today's date (month-day-year)

Indicate type of account:  401(k)  403(b)  457(b)  SARSEP-IRA  SIMPLE-IRA

\_\_\_\_\_

Employee's name

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Employee's U.S. Social Security number

### The employee and employer agree as follows:

Frequency:  weekly  biweekly  semimonthly  monthly

I request that my salary be reduced by \$ \_\_\_\_\_  \_\_\_\_\_ %  
Amount OR Percentage

Please indicate if the amount above is for one of the following:\*  Roth 401(k)  Roth 403(b)

The amount of this reduction will be paid to American Century Investments for deposit to my retirement account selected above. This amount will be invested in accordance with the plan and as designated by me. The amount elected is subject to any applicable limitations under the Internal Revenue Code.

\*Check with your employer to find out if Roth 401(k) and Roth 403(b) are available through your plan.

## 2 Indicate the Date Salary Reductions Begin

Fill in the date you want your salary reduction to begin. The date entered here must be after the date entered in Step 1.

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

Start date (month-day-year)

I understand that my salary reduction will start as soon as permitted under the retirement plan indicated in Step 1 and as soon as administratively feasible.

### **3 Understand the Duration of Your Election**

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This salary reduction agreement replaces any earlier agreement and will remain in effect:

- As long as I remain an eligible employee under the retirement plan indicated in Step 1, or
- Until I provide my employer with a written request to end my salary reduction contributions, or
- Until I provide my employer with a new salary reduction agreement as permitted under the retirement plan indicated in Step 1.

### **4 Sign Your Name**

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**Send to your payroll office. Do not send this form to American Century Investments.**

I hereby authorize the salary reduction elected on this form.

\_\_\_\_\_  
**Employee's signature**

\_\_\_\_\_  
**Date**