

# NEW HAMPSHIRE ASSOCIATION FOR THE BLIND SALARY REDUCTION AGREEMENT

For 403(b) program

<b>2025 Contribution Limits</b>	<u>Under Age 50</u> \$23,500	<u>Over Age 50</u> \$31,000	<u>Ages 60-63</u> \$34,750
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<b>Employee Information</b>	<b>Please read information on form before completing and signing</b>				Pay period effective date:
	Last Name	First Name	Middle Initial	Date of birth:	Social Security Number
	Employee Address			Date of hire:	Number of pay periods per year: 26
	Employee Email			Employer Name <b>New Hampshire Association for the Blind</b>	

<b>Contribution Information</b>	<b>I want to:</b> <input type="checkbox"/> Initiate a new salary reduction/deduction <input type="checkbox"/> Change the amount of my salary reduction/deduction <input type="checkbox"/> Discontinue my salary reduction/deduction				
	<b>Amount OR percent to be deducted per pay period</b>				\$ / %

## Agreement and Important Information

By signing this Agreement, Employee agrees to modify his/her salary as indicated above and Employer agrees to contribute this amount on Employee's behalf into the 403(b) annuity(ies) selected by Employee with the proper identification of pre-tax contributions and after-tax contributions to aid in proper allocation to segregated accounts by the Provider(s). It is intended that the requirements of all applicable state and federal tax rules and regulations (Applicable Law) will be met.

The Employee understands and agrees that this Agreement:

1. Is legally binding and irrevocable with respect to amounts paid or available while it is in effect; 2. May be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new salary reduction agreement is submitted; 3. Is effective only for amounts not yet earned or made available in accordance with the Employer's administrative procedures.

Employee further agrees that:

He/she is responsible for determining that his/her salary reduction amount does not exceed the limits of the Applicable Law.

He/she is responsible for the accuracy of the information provided by Employee, which is used in determining Employee's maximum annual contribution limit; and

Employer has no liability for any losses suffered by Employee that result from his/her participation in the 403(b) program.

Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness or tax consequences of the purchase of the 403(b) program. Nothing herein shall affect the terms of employment between Employer and Employee.

This agreement supersedes all prior salary reduction agreements and shall automatically terminate if your employment with the Employer is terminated.

<b>Part IV: Signatures</b>	<b>Employee</b>	
	I certify that I have read this complete Agreement and that my salary reductions do not exceed contribution limits as determined by Applicable Law. I also certify that I am eligible for the catch up election(s), if selected. I understand my responsibilities as an Employee under the 403(b) program, and I request Employer to take the action specified in this Agreement. I understand that all rights under the annuity(s) or custodial accounts established by me under the 403(b) program are enforceable solely by me, my beneficiary or my authorized representative.	
	Employee Signature	Date: (mm/dd/yyyy)