

THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

2017 SALARY REDUCTION AGREEMENT

The George Washington University 457(b) Deferred Compensation Plan

GWID or SSN #: _____	Daytime Phone: _____
Name: _____	E-mail Address: _____

Enrollment: 457(b) Deferred Compensation Plan

- Initial Enrollment Change

I wish to participate in the George Washington University 457(b) Deferred Compensation Plan.

I understand that the amount that I contribute cannot exceed the maximum annual contribution limit as defined by the Internal Revenue Code. For **calendar year 2017** the maximum contribution is **\$18,000**.

- I authorize the University to reduce my regular earnings by: _____%.
- I am electing a fixed dollar amount of \$_____ per pay period. (Please note your pay period may be biweekly or monthly. The amount entered above will be applied to each paycheck.)
- I elect to defer the maximum amount (**\$18,000**) for the calendar year.
- Increase my contribution as necessary each year so that I always defer the maximum amount.

I understand that unless I request otherwise, reductions will begin with the pay period following processing of this form by the Benefits Administration department.

Signature: _____ Date: _____

Cancellation

- I wish to cancel my existing salary reduction agreement. I understand that this cancellation will be effective with the pay period following processing of this form by the Benefits Administration department.

Signature: _____ Date: _____

GW Benefits Administration Department

benefits.gwu.edu

phone: 571-553-8382 | email: benefits@gwu.edu | fax: 571-553-8385