Name: Last, First, M.I.

For HR Use Only: College Contribution
Effective Date

TIAA Retirement Plan Contribution - Click here for detailed Eligibility, Rates, and Plan Information

By this agreement made between myself and Kenyon College, I agree that my salary will be reduced by the required and/or voluntary amount(s) indicated below. After meeting eligibility requirements, the College will contribute 9.5% to my employee annuity contract (or custodial account) which I will allocate among the funding vehicles approved by the College. This agreement shall be legally binding and irrevocable for both the College and myself while employment continues. I may terminate or otherwise modify this agreement (other than the mandatory contribution) as of the end of any month or pay period by giving at least 30 days written notice so that this agreement will not apply to salary subsequently paid. The mandatory 5% contribution and the 9.5% College match will go into effect the pay period following your 1 year employment start date. (Proof of immediate eligibility can be sent to HR by completing this form). You may make contributions on your own to an SRA or Roth 403(b) prior to the 1 year waiting period if you so choose.

Pre-Tax Contribution Amount(s)

Mandatory 5% for College Contribution Match (GRA) (Generally Effective 1 year from date of hire, see above for detail)

Additional Pre-Tax Contribution (SRA) (Flat Dollar Per Pay or %):

If over age 50, you may contribute an additional $6,000 per year. Enter Amount $

Catch Up Provision for employees with 15 or more years of service: $3,000 maximum per year; $15,000 lifetime max. Enter Amount $

Enter the beginning and ending dates for which you would like any Additional Contributions to be effective. Ex: 1/1/01 through 7/31/2015. For no end date, type a beginning date only.

If you would like to contribute to a **Post-Tax** Roth 403B, enter a Flat Dollar amount or Percentage per pay period and the effective date. Ex: $100 effective 1/1/01 through 7/31/2015.

Flat Dollar $ Or   Percentage   %

This signature serves as authorization for the benefits I have elected.

_____

Signature   Date

If your software does not allow for signatures, please type your initials here in lieu of a signature.