KANSAS BOARD OF REGENTS VOLUNTARY RETIREMENT PLAN

Pittsburg State University

Check one: ☐ New Enrollment ☐ Change Salary Reduction Elections ☐ Terminate Salary Reduction Elections

This Investment Agreement ("Agreement") is entered into between the undersigned employee ("Employee") of the *(Pittsburg State University)* ("Employer") in order for salary deferral contributions to be made to the Kansas Board of Regents Voluntary Retirement Plan ("Plan") under Internal Revenue Code (IRC) Section 403(b) and K.S.A. § 74-4925b.

I. AUTHORIZATION TO MAKE SALARY REDUCTIONS

I understand that my participation in the Plan is voluntary, and that I may choose to defer either a percentage or dollar amount of my salary per pay period, subject to the limitations of Sections 402(g), 414(v) and 415 of the IRC, which amount will be contributed by my Employer to the Plan.

I hereby direct my Employer to reduce my salary per pay period on a pre-tax basis and contribute this amount to the Plan: (*please check one box*):

☐ _____% ☐ $_____ ☐ The maximum permissible amount under the IRC, including all catch-up provisions.

II. INVESTMENT PROVIDER SELECTION

I direct my Employer to forward the amounts by which my salary is reduced under the Plan to the following investment provider, which has been approved by the Kansas Board of Regents ("Board") to provide investment options under the Plan (please see listing at http://www.kansasregents.org/download/vtsa.html).

_____ _____

Name of Investment Provider – Company Name Name of Authorized Agent

I represent that I have completed all necessary forms with the above-identified investment provider to direct my investments. I understand that I am responsible for selecting an Investment Provider and Investment Options offered by that Provider.

III. EFFECTIVE DATE OF AGREEMENT

I understand that this Agreement will be effective as of the first pay period following the date I complete the Agreement and return it to Human Resources; provided, however, that if I am not eligible to participate in the Plan, this Agreement will be effective as of the first pay period following the date I become eligible to participate in the Plan. I further understand that this Agreement is only effective with respect to salary received by me after its effective date. I understand that this Agreement is legally binding and irrevocable with respect to salary received by me while the Agreement is in effect.

IV. DURATION OF AGREEMENT

This Agreement will continue from year to year unless I change or terminate it. I am free to change or terminate the Agreement at any time by submitting a new Investment Agreement to Human Resources, and the change to or termination of my salary deferral contribution will be effective as provided hereunder; provided, however, that I may change my investment provider only one time each calendar year. The Board may reduce or discontinue my salary deferral contributions in any year in which this Agreement is in effect if necessary to comply with applicable provisions of the IRC. If I terminate employment with my Employer this Agreement shall automatically terminate, or if the Board terminates the Plan, this Agreement shall automatically terminate.

V. EMPLOYEE INFORMATION

_____ _____

Employee Name (First, M.I., Last) *Please Print* Employee Social Security Number

_____ _____

Date Employee Signature

Faculty Only – Voluntary TSA Deduction Options:

☐ VTSA 10 (Academic Year Only – 20 Deductions) ☐ VTSA (Calendar Year)

For use by institutional administrators:

Accepted for the Board of Regents_____ Date _____

Director, Human Resource Services or designee

Effective Pay Date_____ Mode (T-C only) ____ 100 (12mo.) ____ VTSA20 (Academic Year Only)

____ 407 (9 mo.) ____ VTSA (Calendar Year)

If Company Change, Last Change Date: _____

Orig: Payroll/Personnel File

May 2004