

## State of Rhode Island

### 457(b) Deferred Compensation Plan Authorization

**URI**       **CCRI**       **RIC**       **R.I. Office of Higher Ed**

**VOLUNTARY SALARY REDUCTION AGREEMENT**

I hereby authorize you to reduce my biweekly salary by and with this money, excluded from taxable income, to purchase a 457(b) annuity for me.

\$ _____	with	_____.
\$ _____	with	_____.
\$ _____	with	_____.
Dollar Amount		Name of Carrier

This agreement shall be legally binding. Either party may terminate or modify this Agreement by instituting a new Agreement. **The minimum contribution is \$25.00 per pay period.**

**PLEASE READ THE FOLLOWING BEFORE SIGNING**

I hereby declare that all action taken in connection therewith has been without endorsement and recommendation by the employer or anyone authorized by the employer, and I accept full responsibility for all financial, tax and other consequences of my election to request the purchase of the contract.

In consideration of the employer making this program available to me, I hereby waive all claims of every kind and nature which I may now or in the future have arising out of this program, including, without limitation, claims for loss or damage arising out of nonpayment of premiums on the due date thereof.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO REQUEST AND SUBMIT A NEW MAXIMUM CONTRIBUTION CALCULATION EACH YEAR THAT I WANT TO CONTRIBUTE.

<i>Print:</i>	Last Name	First	M.I.	Social Security Number
	_____			_____
	Date of Birth			Work Phone Number
	_____			_____
	Employee Signature			Date
	_____			_____
	Witness	Payroll Account #	Payroll Code	
	_____	_____	_____	

**THE EMPLOYEE IS PERSONALLY RESPONSIBLE FOR THE AMOUNT HE/SHE TAX-DEFERS.**

## DEFERRED COMPENSATION PLAN

The RI Board of Governors' Plan (the "Plan") is a 457(b) Deferred Compensation Plan. The Plan was established by the Board of Governors and became effective September 7, 2003. The Plan operates under Section 457(b) of the Internal Revenue Code. The Administrators of the Plan are the Board of Governors for Higher Education, Community College of Rhode Island, Rhode Island College, and the University of Rhode Island. Currently, benefits are provided through the following Fund Sponsors:

<b>Fidelity</b>	Fidelity
<b>AIG/VALIC</b>	American International Group/Variable Annuity Life Insurance Company
<b>ING</b>	ING Life Insurance and Annuity Company

Information packages and enrollment forms are available in the Office of Human Resources.

### CONTRIBUTIONS

All contributions to the 457(b) Deferred Compensation Plan are voluntary. Employees may contribute up to the federal annual limits. The minimum contribution is \$25.00 per pay period.

### PAYMENT OPTIONS

Funds in a 457(b) plan can be made available to the employee upon severance from employment, retirement, attaining the age of 70 ½, death, or upon encountering an "unforeseeable emergency". Any amount received will be treated as ordinary income for federal tax purposes.

## Salary Reduction

In selecting salary reduction, the employee is using the tax-deferred method of annuity contribution. Taxable income is reduced by the amount contributed to the 457(b) Deferred Compensation Plan; therefore, the employee pays less in tax dollars. The annuity contribution is not tax-free, but it is 'deferred' until the employee begins to receive the annuity as income. The rationale for tax-deferring retirement contributions is that at retirement, the employee's income may be less, thereby putting him/her in a lower tax bracket (assuming the tax structure is similar to that now in place).

What options does the employee have if he/she decides to tax-defer?

The employee may defer any amount up to the maximum annual allowance as determined by IRS rules. Each employee's maximum should be calculated **each calendar year**, as the maximum may change each year based on new federal limits and age. Upon request, the Fund Sponsor will calculate the maximum contribution for the employee. If the employee is within 3 years of retirement, he/she **may** qualify for additional deferrals – please contact the Fund Sponsor for additional information or a calculation.