



Sam Houston State University Human Resources

Salary Reduction/Deduction Agreement and Change of Company Form

Optional Retirement Program (ORP) and Supplemental Retirement Program (SRP)

SRP- Please mark as applies if Tax Deferred Amount (pre-tax) or ROTH (after-tax) contribution

Instructions: Check and Complete all applicable sections. Include TRS 28 and ORP company applications upon initial ORP enrollment; SRP company applications upon initial SRP enrollment.

* All transactions should be effective the 1st of each month except for 01/16, 12/16 and initial ORP election.

** Complete ORP Prior Participation Certification Form.

*** SRP requires a Maximum Exclusion Allowance (MEA) form.

I. Personal Data:

SS#: _____ - _____ - _____ Name: _____ Dept: _____
Last First MI

II. ORP Section: (Complete begin date, action, and designate company)

A. Payroll Beginning Date: ____/____/____ (*)

B. ORP Initial SHSU Enrollment or Resuming Participation: Proposed Co.: _____

Complete only if previously in Texas ORP ()**

(1) Initial Date of ORP Participation: ____/____/____ (3) ORP Vested ____ Yes ____ No

(2) Last Date of ORP Participation: ____/____/____ (4) Last ORP Matching Contribution: ____%

C. Change ORP Company Designation Current Company: _____

Proposed Company: _____

III. SRP Section: (Complete date(s), action, and designate pre-tax deferral or ROTH (after tax), companies and amount)

A. Payroll Beginning Date ____/____/____ & if applicable Payroll Ending Date ____/____/____

(1) SRP Initial Enrollment or Resuming Participation (3) Change SRP Company Designation

(2) Change SRP Contributions (4) Stop all SRP Contributions

B. SRP Company(s) & amount designation: (***) (Designate all current and proposed SRP Companies)

Monthly amounts that, when annualized, exceed the annual IRS limits will not be processed.

(1) Current SRP Regular Payroll Deduction Status

Company: _____ pre-tax for \$_____.00 monthly for 9 OR 12 months

Company: _____ ROTH (after-tax) for \$_____.00 monthly for 9 OR 12 months

(2) Proposed SRP Regular Payroll Deduction Status

Company: _____ pre-tax for \$_____.00 monthly for 9 OR 12 months

Company: _____ ROTH (after-tax) for \$_____.00 monthly for 9 OR 12 months

SRP Tiered, Step-Up Amount In Addition To Regular Tax Year SRP Deduction (normally used during the last half of the current tax year with an active SRP reduction amount designated).

Add to proposed SRP deduction with _____ company, an additional _____ Pre-Tax or _____ ROTH \$_____.00 per month on Payroll Beginning Date: ____/____/____ through Payroll Ending Date: ____/____/____.

By my signature I certify this form is inclusive and supersedes all previous agreements; authorize SHSU to reduce my compensation (pre-tax) or process a Roth deduction (after-tax) without any fiduciary responsibility and hold harmless the University and its Representatives for any results from errors or omissions; understand this agreement is governed by all applicable Internal Revenue Codes, and regulations of the Texas Legislature and Higher Education Coordinating Board; understand I am responsible for compliance with applicable codes/regulations regarding such program areas as, but not limited to, eligible changes, distributions, exclusion limits, SRP loans, and transfers; understand I will be subject to all interpretations current and future, retroactive opinions and ruling issued and to be issued, and agree to be responsible to the IRS, including tax penalties for over exclusions, if any, and make any adjustments as is necessary for compliance; understand the ORP election is irrevocable, that the ORP matching contribution vest the first day of the second year's participation; and, that ORP contribution levels are not guaranteed and are subject to legislative change. I understand I should verify my ORP/SRP deductions by reviewing my paycheck stub. Employees must report to their employer all outside retirement contributions to a qualified plan, Keogh, and simplified employee pension (SEP) plan.

Employee Signature: _____

Date: ____/____/____

Agent Signature: _____

Date: ____/____/____

Human Resources: _____

Date: ____/____/____

Comments: _____

HRD Use Only: CLR: Reg ___ 50___ 15___ 50+15___