



**Salary Reduction Agreement Form
Supplemental Retirement Plan**

Human Resources Department
600 South 43rd Street
Philadelphia, PA 19104

AFTER COMPLETING FORM:

PRINT OUT - SIGN AND RETURN TO HUMAN RESOURCES

<p>Print Clearly Provide complete information</p>	<p>Name: <input type="text"/></p> <p>Social Security Number: <input type="text"/></p> <p>Street Address: <input type="text"/></p> <p>City, State & Zip: <input type="text"/></p>
<p>Keep a copy for your records</p>	<p>I Direct the University to reduce my basic salary by <input type="text"/> % per pay period, or</p> <p>\$ <input type="text"/> per pay period (which may not produce a total contribution in excess of the employee's statutory exclusion allowance or limitations under Sections 403(b), 402(g) and 415 of the Internal Revenue Code).</p> <p>To be directed to:</p> <p><input type="radio"/> TIAA-CREF</p> <p><input type="radio"/> VANGUARD</p>
<p>Fill in either: the percent or per pay period fix dollar contribution amount</p>	
<p>Check the appropriate box selecting your investment provider</p>	

Effective with respect to amounts earned on or after:

MONTH, DAY, YEAR

This Agreement shall be legally binding and irrevocable as to each of the parties hereto while employment continues. However, the employee may terminate or modify salary reductions attributable to the Supplemental Retirement Plan by giving at least thirty (30) days written notice, and providing that no more than one agreement for such salary reduction may be made within any calendar month.

I understand that this reduction will remain in effect until I notify the University in writing to change or discontinue this Agreement.

NAME

DATE

EMPLOYEE'S SIGNATURE

DATE