Date: January 23, 2006

To: Human Resources Directors
   Benefits Officers

From: Gina Caywood
   Interim Senior Director
   Human Resources Administration

Subject: Salary Reduction Agreement – CSU 403(b) Tax Sheltered Annuity Program

In an effort to improve campus administration of the CSU Tax Sheltered Annuity (TSA) Program, the Salary Reduction Agreement (SRA), used by employees to communicate TSA salary reduction requests to his or her campus Benefits Office, has been reformatted for ease of processing. Effective immediately, please destroy all other versions of the SRA.

Significant changes to the document are described below:

- The SRA document is divided into two (2) sections titled:
  - “The California State University 403(b) Salary Reduction Request Form,” on page 1 and “The California State University Salary Reduction Agreement,” on pages 2-4.

- The “CSU 403(b) Salary Reduction Request Form,” allows submission of new TSA and/or change requests to the campus Benefits Office on a single document, enabling the employee to retain the actual “CSU Salary Reduction Agreement” for his or her records.

- To ensure proper employee review of the SRA in its entirety, the “403(b) Salary Reduction Request Form” includes an “Employee Certification” statement that requires an employee’s signature.

- The last page of the SRA includes a section for employees to record TSA salary reduction requests and changes from the “CSU 403(b) Salary Reduction Request Form.”

- The Office of General Counsel has agreed that a signature from a contracting officer is not required for the intent and purposes of this document, and consequently, the signature has been removed.
Please note, there are two versions of the SRA: a “fill and print” version and a “paper” version. The “fill and print” version (Attachment A) is a combination of fill-in, check boxes, and drop down lists to make completion of the SRA less time-consuming and with fewer errors. An added feature of the “fill and print” version is that the new and/or change requests that are completed on the “CSU 403(b) Salary Reduction Request Form,” (sections A and/or B) are automatically populated on page four of the SRA for the employees’ records.

The following sections of the “403(b) Salary Reduction Request Form” can be completed electronically as explained below:

- **Fill-In**
  Last name, First name and Middle initial
  Title
  Social Security Number (SSN)
  Address, City, State and Zip Code
  E-mail Address
  Telephone Number
  Deferral Amount(s) (current, new)
  Date
  Agent’s name and Telephone Number

- **Check Boxes (Yes or No)**
  Are you currently participating in:
  The CSU 403(b) Tax Sheltered Annuity (TSA) Program?
  The Savings Plus Program (401(k) or 457 plan)?
  The 15 Year Catch-Up Allowance?

- **Drop Down Lists (Selections)**
  Full-time, Part-time or Faculty Early Retirement Program (FERP) employee
  TSA Company with Deduction Code (Alphabetically ordered)
  Change Requested (cancel, change amount, no change)
  Pay Period Month and Year

The “paper” version (Attachment B) can be printed and/or photocopied for employees who generally do not have computer access, or who wish to complete the form by hand.

Questions regarding this technical letter may be directed to Human Resources Administration at (562) 951-4411. This document is available on Human Resources’ Web site at: [http://www.calstate.edu/HRAdm/memos.shtml](http://www.calstate.edu/HRAdm/memos.shtml).

GC/mh

Attachments
THE CALIFORNIA STATE UNIVERSITY
403(b) SALARY REDUCTION REQUEST FORM

Complete and return form to Campus Benefits Representative. Retain attached Salary Reduction Agreement for your records.

<table>
<thead>
<tr>
<th>Last Name, First Name Middle Initial</th>
<th>Title</th>
<th>SSN*:</th>
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<th>Address</th>
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<table>
<thead>
<tr>
<th>E-mail Address (Optional)</th>
<th>Telephone Contact (Work, Home, Cellular)</th>
<th>Indicate Full-time, Part-time, or FERP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>Select One</td>
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</tbody>
</table>

Are you currently participating in the CSU 403(b) Tax Sheltered Annuity (TSA) Program? [ ] Yes [ ] No

Are you currently participating in the Savings Plus Program (401(k) or 457 plan)? [ ] Yes [ ] No

Are you currently participating in the 15 Year Catch-Up Allowance? [ ] Yes [ ] No

Please note: You can contribute to no more than two (2) 403(b) companies at a time. The minimum monthly salary deferral is $15.

**Section A. To make changes to current TSA Investments, complete items 1 and/or 2 below to indicate current salary deferral(s) and changes to be made:**

1) TSA Company:
   Select One

   Change Requested:
   Select One

   Current Deferral Amount: $_________
   New Deferral Amount: $_________

2) TSA Company:
   Select One

   Change Requested:
   Select One

   Current Deferral Amount: $_________
   New Deferral Amount: $_________

**Section B. For new TSA investments, complete items 1 and/or 2 below, to begin salary deferral(s) and/or restart previously canceled salary deferrals:**

1) Name of TSA Company:
   Select One

   Deferral Amount: $_________

2) Name of TSA Company:
   Select One

   Deferral Amount: $_________

**Section C: Total Salary Reduction:** The CSU shall reduce each regular monthly installment of salary due you, the Employee, under the terms of your appointment by a total reduction amount of $_________ per month, as allocated above, beginning with the Select One / Select One (month/year) pay period, for salary warrant to be issued following the pay period specified above. I understand that if this request is not submitted to the campus Benefits Representative in a timely manner, the effective date of this request may be delayed. This Agreement will not be effective for any salary made available prior to the date this Agreement is signed.

Section D: Employee Certification.

I certify that I have read the complete CSU Salary Reduction Agreement, and that my salary reduction(s) does not exceed contribution limits as determined by applicable Internal Revenue Code. I understand my responsibilities as an Employee under the CSU 403(b) Tax Sheltered Annuity (TSA) Program, and I make application to the CSU pursuant to Education Code Section 89505 for purchase of a 403(b) plan contribution and reduction in salary under the terms of this agreement.

The CSU and Employee agree to the foregoing terms of this agreement.

Employee Signature ___________________________ Date ___________

Accepted by Authorized Campus Representative ___________________________ Date ___________

*Your Social Security number is required because it is your payroll identification number, and this agreement affects payroll transactions.
1. **Authority:** Title 26, United States Code Section 403(b), Education Code Section 89505, and California Code of Regulations, Title 5, Sections 42850-42854.

2. **Eligibility:** With the exception of certain student classifications, eligible employees can participate in the 403(b) program, including rehired annuitants (regardless of age). Please contact the campus Benefits Office for eligibility guidelines.

3. **Parties:** The parties to this Agreement are the Board of Trustees of The California State University, hereinafter sometimes referred to as the “CSU”, and you, hereinafter sometimes referred to as the “Employee.”

4. **Agreement:** In consideration of the potential advantages to each, the CSU and you, the Employee, make this Agreement under the terms provided. This Agreement shall be effective beginning with the salary warrant payable as specified on the 403(b) Salary Reduction Request Form, in accordance with State Controller’s Office (SCO) processing guidelines.

5. **Salary Reduction and 403(b) Investment:**

   **A. Type of Salary Reduction Agreement.** You can contribute to no more than two 403(b) companies at one time. You may make changes at any time throughout the year, subject to any allocation change restrictions imposed by your current company(ies).

   *Please note: If you wish only to change the allocation of your current contributions or existing fund balance(s) among your current company’s funds, you must do that directly with the company. There is no need to complete this form for an allocation change.*

   The CSU has contracts with companies that offer plans qualifying under the provision of Internal Revenue Code Section 403(b) and California Revenue and Taxation Code Section 17512 (although the CSU makes no warranty of such qualification). These plans are either 403(b) tax sheltered annuities (TSA) or mutual fund custodial accounts. The CSU assumes no responsibility for the financial security, investments or other operations of these plans.

   From among these plans indicated on the 403(b) TSA Authorized List, you have selected the designated Company plan(s) and the amount of funds as stated on the 403(b) Salary Reduction Request Form, which the CSU agrees to remit to the designated Company plan(s), on your behalf.

   In handling these funds, the CSU acts as an employer, and not as a Trustee. The CSU assumes no responsibility for any investment loss nor claim to any gain, based upon any delays in making the contributions agreed to herein. It shall be your responsibility to notify the designated Company so that any necessary follow-up actions may be taken.

   ✔ **Change/cancel existing 403(b) salary reduction amount.** Complete sections A, C, and D on the 403(b) Salary Reduction Request Form, if you want to change the amount or cancel your current salary reduction, and indicate changes you wish to make.

   ✔ **New 403(b) Investment.** Complete sections B, C, and D on the 403(b) Salary Reduction Request Form to start new deferral(s), or restart previously canceled reductions. *Please note, if you are restarting previously canceled reductions, please make certain that the TSA account is not closed.*

   **B. Reduction.** The CSU shall reduce each regular monthly installment of salary due you, the Employee, under the terms of your appointment by the amount you request, beginning with the salary warrant as indicated in Section D of the 403(b) Salary Reduction Request Form, if the request is submitted to the campus Benefits Representative in a timely manner. This Agreement will not be effective for any salary made available prior to the date this Agreement is signed.

6. **Minimum Reduction.** At no time is a 403(b) salary reduction to be less than $15.00 per month.
7. Reduction Change. This reduction shall continue to be made until such time as the Agreement is terminated by whichever of the following events occurs first:

A. By termination of your employment, or
B. By either party giving 30-day advance written notice of termination to the other. Termination by such notice may only be made effective on the first day of a pay period. Notice by you, the employee, shall be sent to the campus Benefits Office or to other such office, as the Benefits Office shall require. Notice to you shall be sent to your home address or to other such address as designated by you, or
C. By your filing a new Agreement with the CSU, or
D. By the CSU if the Company’s contract with the CSU is terminated. You may not continue having contributions made to a terminated Company, but you may arrange to substitute another company which has a current contract with the CSU, or you may terminate participation under the procedures in Section 7B.

8. Annuities Non-forfeitable. Any annuity purchased under Section 5 shall be non-forfeitable except for failure to pay future premiums expressly required by the contract between you and the Company(ies).

9. Release of Earnings. You, your spouse, heirs, administrators, executors and representatives, hereby release all rights, present and future, to receive in any form other than payments from the designated Company, the amount to be applied as designated in Section 5.

10. Computations. You assume full responsibility for all computations and for the maintenance of all data required to carry out such computations in connection with the salary reduction and demonstrating that such salary reduction complies with Internal Revenue Code Section 403(b) and related sections and to corresponding provisions of the California Revenue and Taxation Code (see, for example, Authority, Section 1) and regulations thereunder, including amendments which may be made to such codes or regulations or both, subsequent to the date of this Agreement.

Internal Revenue Service Publications provide information on the maximum amounts, which may be contributed to the plan by participating employees. In addition, there can be lower limits for those employees who also participate in the State Savings Plus (401k) Plan. You may consult with your Company, its agents, or the Internal Revenue Service for advice on these matters. The CSU has no responsibility for any advice given or computations made.

11. Proof of Computations. The CSU, at its discretion, may require proof that you have performed or have had performed all required computations in connection with the salary reduction pursuant to Internal Revenue Code Section 403(b) and related sections and regulations thereunder. Such computations may be required as evidence to support the amount of salary reduction. Lacking such evidence, or if such evidence does not support the amount of salary reduction, the CSU has the authority to reduce the amount of salary reduction.

By signing and dating the 403(b) Salary Request Form, you certify that all computations have been performed in connection with the requested salary reduction pursuant to Internal Revenue Code Section 403(b) and related sections and regulations thereunder and that you will maintain proof of such computations.

12. Participation in Other Plans. You can defer the annual maximum toward both a 403(b) account and a governmental 457 plan* (administered by the Department of Administration Savings Plus Program). If, however, you contribute to both a 403(b) and a 401(k) plan in the same tax year, your 401(k) annual limit will be reduced by the amount you contribute to your 403(b) plan. You cannot defer maximum contributions to both a 403(b) and a 401(k) during the same tax year.

13. Employee Releases The CSU From Any Damages. You assume full responsibility for the tax, processing, and investment consequences which result from the salary reduction hereby agreed to, and hereby release the State of California, the members of the Board of Trustees of the California State University, both individually and together acting as a board, their employees, agents, and the successors of each of the foregoing, and any combination thereof, from any liability including, but not limited to, any financial loss resulting from failure to carry out or inaccuracies in any of the computations referred in Section 10, from selection or performance of Company(ies) or of any particular plan, from incorrect evaluation of tax-deferred status, from processing delays or errors, from discontinuance of present legislation effecting such benefits, and from incorrect advice you may have received or may receive in the future from the CSU, the Company(ies), any of their employees or agents, or any other plan respecting the plans and the benefits that may be received as a result of the salary reduction agreement hereby agreed upon.
14. **Company Status.** You understand and agree that for the purposes of this Agreement, no Company is an agent or employee of the State of California or of the CSU; and, the State of California, the CSU and their employees are not agents of any Company.

15. **Company Account Required.** You understand and agree that this Agreement is between you and the CSU and does not establish an account with the company(ies). You assume full responsibility for filing appropriate documentation to establish an account with the designated company(ies). You shall provide proof of company-established account(s) to the Benefits Office at the time this Agreement is presented.

   If for any reason your account is not established at the Company(ies) you have designated, the Company(ies) will return the money to the SCO/CSU for delivery to you via payroll. All returned money will be considered taxable income.

16. **Irrevocable Commitments.** This Agreement shall be legally binding and irrevocable with respect to salary amounts received while the Agreement is in effect.

17. **Processing Fee.** The CSU reserves the right to assess you with a processing fee to cover the costs of administering the 403(b) program, including the payroll deduction and investment transactions. You may contact the Benefits Office to determine the current fee schedule, if any.

18. **Effect of Agreement Execution.** Execution of this Agreement by you, the Employee, shall constitute application by you to the CSU pursuant to Education Code Section 89505 for purchase of a 403(b) plan contribution and reduction in salary under the terms of this agreement.

The CSU and Employee agree to the foregoing terms of this Agreement.

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Note to Employee: Record Your Actions from the 403(b) Salary Reduction Request Form below:

<table>
<thead>
<tr>
<th>Change And/or Cancellation of Current TSA Investments</th>
<th>New TSA Investments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) TSA Company:</td>
<td>1) TSA Company:</td>
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<tr>
<td>Select One</td>
<td>Select One</td>
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<tr>
<td>Agent’s Name</td>
<td>Agent’s Name</td>
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<td>Telephone:</td>
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<tr>
<td>Change Requested:</td>
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<tr>
<td>Select One</td>
<td>Select One</td>
</tr>
<tr>
<td>Date Request Submitted</td>
<td>Date Request Submitted</td>
</tr>
</tbody>
</table>

| 2) TSA Company:                                        | 2) TSA Company:     |
| Select One                                            | Select One          |
| Agent’s Name                                          | Agent’s Name        |
| Telephone:                                             | Telephone:          |
| Amount to be deferred: $ _____                         | Amount to be deferred: $ _____ |
| Date Request Submitted                                 | Date Request Submitted |

**Note:** Some employee classifications are not eligible to enroll in a 457 Plan (administered by the Savings Plus Program). Refer to the “Getting Started In Savings Plus” Brochure for additional information.
THE CALIFORNIA STATE UNIVERSITY
403(b) SALARY REDUCTION REQUEST FORM

Complete and return form to Campus Benefits Representative. Retain attached Salary Reduction Agreement for your records.

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<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<table>
<thead>
<tr>
<th>Indicate Full-Time, Part-time or FERP Participant</th>
<th>Telephone Contact (Work or Home)</th>
<th>E-mail Address (Optional)</th>
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</table>

Are you currently participating in the CSU 403(b) Tax Sheltered Annuity (TSA) Program? □ YES □ NO
Are you currently participating in the Savings Plus Program (401(k) or 457 plan)? □ YES □ NO
Are you currently participating in the 15 Year Catch-Up Allowance? □ YES □ NO

Please note: You can contribute to no more than two (2) 403(b) companies at a time. The minimum monthly salary deferral is $15.

Section A: To make changes to current TSA Investments, complete items 1 and/or 2 below to indicate current salary deferral(s) and changes to be made:

1) Name of TSA Company: ____________________________
   Deduction Code: ___ ___ - ___ ___
   Change Requested: □ CANCEL □ NO CHANGE □ CHANGE Amount
   Current Deferral Amount: $________
   New Deferral Amount: $________

2) Name of TSA Company: ____________________________
   Deduction Code: ___ ___ - ___ ___
   Change Requested: □ CANCEL □ NO CHANGE □ CHANGE Amount
   Current Deferral Amount: $________
   New Deferral Amount: $________

Section B: For new TSA investments, complete items 1 and/or 2 below, to begin salary deferral(s) and/or restart previously canceled salary deferrals:

1) Name of TSA Company: ____________________________
   Deduction Code: ___ ___ - ___ ___
   Deferral Amount: $________

2) Name of TSA Company: ____________________________
   Deduction Code: ___ ___ - ___ ___
   Deferral Amount: $________

Section C: Total Salary Reduction: The CSU shall reduce each regular monthly installment of salary due you, the Employee, under the terms of your appointment by a total reduction amount of $_______ per month, as allocated above, beginning with the ______/____/________ (month/year) pay period, for salary warrant to be issued following the pay period specified above. I understand that if this request is not submitted to the campus Benefits Representative in a timely manner, the effective date of this request may be delayed. This Agreement will not be effective for any salary made available prior to the date this Agreement is signed.

Section D: Employee Certification.
I certify that I have read the complete CSU Salary Reduction Agreement and that my salary reduction(s) does not exceed contribution limits as determined by applicable Internal Revenue Code. I understand my responsibilities as an Employee under the CSU 403(b) Tax Sheltered Annuity (TSA) Program, and I make application to the CSU pursuant to Education Code Section 89505 for purchase of a 403(b) plan contribution and reduction in salary under the terms of this agreement.

The CSU and Employee agree to the foregoing terms of this agreement.

Employee Signature ____________________________ Date _______

Accepted by Authorized Campus Representative ____________________________ Date _______

*Your Social Security number is required because it is your payroll identification number, and this agreement affects payroll transactions.
THE CALIFORNIA STATE UNIVERSITY
403(b) SALARY REDUCTION AGREEMENT

1. Authority: Title 26, United States Code Section 403(b), Education Code Section 89505, and California Code of Regulations, Title 5, Sections 42850-42854.

2. Eligibility: With the exception of certain student classifications, eligible employees can participate in the 403(b) program, including rehired annuitants (regardless of age). Please contact the campus Benefits Office for eligibility guidelines.

3. Parties: The parties to this Agreement are the Board of Trustees of The California State University, hereinafter sometimes referred to as the “CSU”, and you, hereinafter sometimes referred to as the “Employee.”

4. Agreement: In consideration of the potential advantages to each, the CSU and you, the Employee, make this Agreement under the terms provided. This Agreement shall be effective beginning with the salary warrant payable as specified on the 403(b) Salary Reduction Request Form, in accordance with State Controller’s Office (SCO) processing guidelines.

5. Salary Reduction and 403(b) Investment:

A. Type of Salary Reduction Agreement. You can contribute to no more than two 403(b) companies at one time. You may make changes at any time throughout the year, subject to any allocation change restrictions imposed by your current company(ies).

Please note: If you wish only to change the allocation of your current contributions or existing fund balance(s) among your current company’s funds, you must do that directly with the company. There is no need to complete this form for an allocation change.

The CSU has contracts with companies that offer plans qualifying under the provision of Internal Revenue Code Section 403(b) and California Revenue and Taxation Code Section 17512 (although the CSU makes no warranty of such qualification). These plans are either 403(b) tax sheltered annuities (TSA) or mutual fund custodial accounts. The CSU assumes no responsibility for the financial security, investments or other operations of these plans.

From among these plans indicated on the 403(b) TSA Authorized List, you have selected the designated Company plan(s) and the amount of funds as stated on the 403(b) Salary Reduction Request Form, which the CSU agrees to remit to the designated Company plan(s), on your behalf.

In handling these funds, the CSU acts as an employer, and not as a Trustee. The CSU assumes no responsibility for any investment loss nor claim to any gain, based upon any delays in making the contributions agreed to herein. It shall be your responsibility to notify the designated Company so that any necessary follow-up actions may be taken.

✔ Change/cancel existing 403(b) salary reduction amount. Complete sections A, C, and D on the 403(b) Salary Reduction Request Form, if you want to change the amount or cancel your current salary reduction, and indicate changes you wish to make.

✔ New 403(b) Investment. Complete sections B, C, and D on the 403(b) Salary Reduction Request Form to start new deferral(s), or restart previously canceled reductions. Please note, if you are restarting previously canceled reductions, please make certain that the TSA account is not closed.

B. Reduction. The CSU shall reduce each regular monthly installment of salary due you, the Employee, under the terms of your appointment by the amount you request, beginning with the salary warrant as indicated in Section D of the 403(b) Salary Reduction Request Form, if the request is submitted to the campus Benefits Representative in a timely manner. This Agreement will not be effective for any salary made available prior to the date this Agreement is signed.

6. Minimum Reduction. At no time is a 403(b) salary reduction to be less than $15.00 per month.
7. **Reduction Change.** This reduction shall continue to be made until such time as the Agreement is terminated by whichever of the following events occurs first:

A. By termination of your employment, or  
B. By either party giving 30-day advance written notice of termination to the other. Termination by such notice may only be made effective on the first day of a pay period. Notice by you, the employee, shall be sent to the campus Benefits Office or to other such office, as the Benefits Office shall require. Notice to you shall be sent to your home address or to other such address as designated by you, or  
C. By your filing a new Agreement with the CSU, or  
D. By the CSU if the Company’s contract with the CSU is terminated. You may not continue having contributions made to a terminated Company, but you may arrange to substitute another company which has a current contract with the CSU, or you may terminate participation under the procedures in Section 7B.

8. **Annuities Non-forfeitable.** Any annuity purchased under Section 5 shall be non-forfeitable except for failure to pay future premiums expressly required by the contract between you and the Company(ies).

9. **Release of Earnings.** You, your spouse, heirs, administrators, executors and representatives, hereby release all rights, present and future, to receive in any form other than payments from the designated Company, the amount to be applied as designated in Section 5.

10. **Computations.** You assume full responsibility for all computations and for the maintenance of all data required to carry out such computations in connection with the salary reduction and demonstrating that such salary reduction complies with Internal Revenue Code Section 403(b) and related sections and to corresponding provisions of the California Revenue and Taxation Code (see, for example, Authority, Section 1) and regulations thereunder, including amendments which may be made to such codes or regulations or both, subsequent to the date of this Agreement.

Internal Revenue Service Publications provide information on the maximum amounts, which may be contributed to the plan by participating employees. In addition, there can be lower limits for those employees who also participate in the State Savings Plus (401k) Plan. You may consult with your Company, its agents, or the Internal Revenue Service for advice on these matters. The CSU has no responsibility for any advice given or computations made.

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13. **Employee Releases The CSU From Any Damages.** You assume full responsibility for the tax, processing, and investment consequences which result from the salary reduction hereby agreed to, and hereby release the State of California, the members of the Board of Trustees of the California State University, both individually and together acting as a board, their employees, agents, and the successors of each of the foregoing, and any combination thereof, from any liability including, but not limited to, any financial loss resulting from failure to carry out or inaccuracies in any of the computations referred to in Section 10, from selection or performance of Company(ies) or of any particular plan, from incorrect evaluation of tax-deferred status, from processing delays or errors, from discontinuance of present legislation effecting such benefits, and from incorrect advice you may have received or may receive in the future from the CSU, the Company(ies), any of their employees or agents, or any other plan respecting the plans and the benefits that may be received as a result of the salary reduction agreement hereby agreed upon.
14. **Company Status.** You understand and agree that for the purposes of this Agreement, no Company is an agent or employee of the State of California or of the CSU; and, the State of California, the CSU and their employees are not agents of any Company.

15. **Company Account Required.** You understand and agree that this Agreement is between you and the CSU and does not establish an account with the company(ies). You assume full responsibility for filing appropriate documentation to establish an account with the designated company(ies). You shall provide proof of company-established account(s) to the Benefits Office at the time this Agreement is presented.

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17. **Processing Fee.** The CSU reserves the right to assess you with a processing fee to cover the costs of administering the 403(b) program, including the payroll deduction and investment transactions. You may contact the Benefits Office to determine the current fee schedule, if any.

18. **Effect of Agreement Execution.** Execution of this Agreement by you, the Employee, shall constitute application by you to the CSU pursuant to Education Code Section 89505 for purchase of a 403(b) plan contribution and reduction in salary under the terms of this agreement.

The CSU and Employee agree to the foregoing terms of this Agreement.

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<td>1) TSA Company: ________________________________</td>
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<tr>
<td>Deduction Code: __________________</td>
</tr>
<tr>
<td>Agent’s Name: ________________________________</td>
</tr>
<tr>
<td>Telephone: ______________________________</td>
</tr>
<tr>
<td>Change Requested:</td>
</tr>
<tr>
<td>□ CANCEL   □ NO CHANGE □ CHANGE AMOUNT</td>
</tr>
<tr>
<td>Current Amount: $ _______ New Amount: $ _______</td>
</tr>
<tr>
<td>Date Request Submitted: ______________________</td>
</tr>
</tbody>
</table>

| 2) TSA Company: ________________________________   |
| Deduction Code: __________________               |
| Agent’s Name: ________________________________  |
| Telephone: ______________________________       |
| Change Requested:                               |
| □ CANCEL   □ NO CHANGE □ CHANGE AMOUNT          |
| Current Amount: $ _______ New Amount: $ _______   |
| Date Request Submitted: ______________________   |

**New TSA Investments**

| 1) TSA Company: ________________________________   |
| Deduction Code: __________________               |
| Agent’s Name: ________________________________  |
| Telephone: ______________________________       |
| Amount to be deferred: $ _______                |
| Date Request Submitted: ______________________   |

| 2) TSA Company: ________________________________   |
| Deduction Code: __________________               |
| Agent’s Name: ________________________________  |
| Telephone: ______________________________       |
| Amount to be deferred: $ _______                |
| Date Request Submitted: ______________________   |

*Some employee classifications are not eligible to enroll in a 457 Plan (administered by the Savings Plus Program). Refer to the “Getting Started In Savings Plus” Brochure for additional information.*