

**The Yale University 457(b) Deferred Compensation Plan**  
(New Enrollees MUST also complete a TIAA-CREF or Vanguard Enrollment Application)

New Enrollee  
 Change

TIAA-CREF  
 Vanguard

Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Title: \_\_\_\_\_ University Telephone #: \_\_\_\_\_

Department: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The amount of salary reduction to be credited to my Section 457(b) account shall be:

The amount represented by \_\_\_\_\_ % of my salary per pay period.

**OR**

Such amounts will produce a contribution not in excess of the employee's statutory applicable limit under Section 457(b) of the Internal Revenue Code. This limit includes all contributions that may have been made in this calendar year to a previous employer's plan.

[ ] I elect to contribute the maximum allowable for this year and subsequent years. I have contributed \$ \_\_\_\_\_ into a 457(b) plan this year through another employer.

By this Agreement, made between Yale University and me, the parties hereto agree as follows:

The Agreement shall be legally binding and irrevocable as to each of the parties hereto while employment continues; provided, however, that either party may terminate or modify this Agreement as of the end of any month, so that it will not apply to salary subsequently earned, by giving at least thirty day written notice of the date of termination; and provided further that no more than four agreements for such salary reduction may be made within any taxable year of the employee.

This Agreement is hereby deemed to constitute my salary reduction agreement under the 457(b) Deferred Compensation Plan ("Plan"). I also agree to all of the terms and conditions contained in the Plan, including the conditions that the Plan shall be unfunded and all amounts shall be paid from the general assets of Yale University.

Effective with respect to salary earned on or after the first day of \_\_\_\_\_ (which date is subsequent to the execution of this Agreement), the employee's salary will be reduced by the amount indicated below.

EMPLOYEE SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

*\*All forms must be submitted to the Employee Service Center by the 10<sup>th</sup> of the month to be processed for the current month.*

Employee Service Center Fax Number: 432-5153

