

Personal Information (please print)

Employee Name	NetID
Email	Department
Check one: Enroll <input type="checkbox"/> Change <input type="checkbox"/> Cancel <input type="checkbox"/>	

By THIS AGREEMENT, made between (the employee) and Dartmouth College, the parties hereto agree as follows: Effective with respect to amounts payable **on or after the first day of** _____, **2020** (which date is subsequent to the execution of this Agreement), the employee's salary will be reduced by the amount indicated below. This Agreement shall be legally binding with respect to salary payable while it is in effect, provided, however, that either party may terminate this Agreement effective the first day of any month by executing a new Agreement no later than the end of the prior month.

457(b) Deferred Compensation Plan Contribution	Investment Provider Allocation Percentage	
\$ _____ per pay period OR _____ % of pay Please enter a whole dollar amount or a whole percentage of pay. The contribution limit for 2020 is \$19,500. You may be eligible for additional "catch up" contributions if you are turning age 62, 63 or 64 in 2020. Please see the 457(b) Program Description for details.	Fidelity	_____ %
	TIAA	_____ %
	Total	100 %

Fund Allocation

If enrolling for the first time, please go online to elect your fund allocation with the investment provider or providers you selected above, otherwise you will be defaulted to the appropriate target date retirement fund based on your age. The websites and Plan IDs are listed below.

Fidelity: Plan ID 68885 www.netbenefits.com/dartmouth 800-343-0860	TIAA: Plan ID 404927 www.tiaa.org/dartmouth 800-842-2252
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Acknowledgement and Authorization

This Agreement is hereby deemed to constitute my salary reduction agreement under the 457(b) Deferred Compensation Plan. I agree that salary deferrals under the plan will not exceed the statutory applicable limit under Section 457(b) of the Internal Revenue Code. I understand that Dartmouth College assumes no responsibility for my choice(s) of investment options. I have also read and understand the terms and conditions contained in the 457(b) Program Description, including the conditions that the Plan shall be unfunded and all amounts shall be paid from the general assets of Dartmouth College.

Signature: _____ Date: _____
Employee

Approval: _____ Date: _____
Benefits Authorized Signature

Please return the completed Election Form to the Benefits Office.

Email: Human.Resources.Benefits@dartmouth.edu

Mail: Benefits Office, 7 Lebanon Street, Suite 203, Hanover, NH 03755