**DARTMOUTH**

**457(b) Deferred Compensation Plan**

**Salary Reduction Agreement**

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### Personal Information (please print)

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>NetID</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Email</th>
<th>Department</th>
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<tbody>
<tr>
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</tbody>
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Check one:  
- Enroll □
- Change □
- Cancel □

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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 ___________________, 2021 (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

<table>
<thead>
<tr>
<th>Investment Provider Allocation Percentage</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>$___________________________ per pay period</th>
<th>Fidelity</th>
<th>______ %</th>
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</thead>
</table>

OR

$___________________________ % of pay

<table>
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<tr>
<th>TIAA</th>
<th>______ %</th>
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Total 100 %

Please enter a whole dollar amount or a whole percentage of pay. The contribution limit for 2021 is $19,500. You may be eligible for additional “catch up” contributions if you are turning age 62, 63 or 64 in 2021. Please see the 457(b) Program Description for details.

### 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

### 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

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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