



# 403(b)(7) Plan Salary Reduction Agreement

Use this form to indicate salary reduction agreement amounts when no similar form is available from your employer.

- Participant should complete and sign in section 5, file with their employer, and keep a copy for their records.
- Employer should complete and sign in section 5 and retain for their records.
- Do not return form to Invesco.

PLEASE USE BLUE OR BLACK INK

PLEASE PRINT CLEARLY IN BLOCK CAPITAL LETTERS

## 1 | Participant Information

Full Name

Mailing Address

City

State

ZIP

Social Security Number

Date of Birth (mm/dd/yyyy)

Plan Name

## 2 | Employer Information

Name of Employer

Mailing Address

City

State

ZIP

## 3 | Salary Reduction Information (Complete A and/or B, as applicable.)

### A. Traditional (Pretax) Elective Deferrals

Subject to the requirements of the 403(b) plan, I authorize the following to be withheld from my earned income/compensation:

☐ \$ \_\_\_\_\_ or \_\_\_\_\_ % of my Compensation

Per: ☐ monthly ☐ semi-monthly ☐ bi-weekly ☐ weekly

beginning \_\_\_\_\_ (mm/dd/yyyy)

### B. Roth (After-Tax) Elective Deferrals

Subject to the requirements of the 403(b) plan, I authorize the following to be withheld from my earned income/compensation:

☐ \$ \_\_\_\_\_ or \_\_\_\_\_ % of my Compensation

Per: ☐ monthly ☐ semi-monthly ☐ bi-weekly ☐ weekly

beginning \_\_\_\_\_ (mm/dd/yyyy)

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**4 | Agreement**

The employer named in section 2 affirms it is duly qualified as an organization described in Section 403(b)(1)(a) of the Internal Revenue Code.

The employee and employer referenced herein agree as follows:

1. The compensation of the employee shall be reduced according to the selections of the employee referenced in section 3.
2. The employer will forward the amount of such salary reduction for the employee's Invesco 403(b)(7) Custodial Account to Invesco Investment Services, Inc. (IIS) at the address listed at the bottom of this form.
3. This Agreement is legally binding and is irrevocable with respect to compensation earned by the employee while this Agreement is in effect.
4. This Agreement shall continue indefinitely until terminated; however, it may be amended with regard to reduction of future compensation by execution of a new written agreement by the employee and the employer.
5. In no event shall the combination of the contributions exceed the limits provided by Sections 402(g) and 415 of the Internal Revenue Code. The employee agrees to promptly notify the employer in the event these limits are affected by any other plans maintained outside of this employer or if he/she reaches any of the foregoing limits. The employer reserves the right to reduce the amount of the employee's contribution if it is determined the reductions will exceed these limits.
6. The Agreement is not a contract of employment and no provision shall restrict the right of the employer to discharge the employee or the right of the employee to terminate his/her own employment.
7. All of the provisions of this Agreement are subject to the terms of the Invesco 403(b)(7) Custodial Agreement and such Custodial Agreement is hereby incorporated by reference in this Agreement.

**5 | Signatures**

Signature of Employee

**X**

Date (mm/dd/yyyy)

/   /

**Approved and Accepted by:**

Authorized Signature of Employer

**X**

Date (mm/dd/yyyy)

/   /

Name and Title

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