



**Northern Illinois University
Supplemental Retirement Plan – Internal Revenue Code Section 403(b)
Salary Contribution Agreement**

This Salary Contribution Agreement ("Agreement") is entered into between the undersigned employee ("Employee") of Northern Illinois University and Northern Illinois University ("University") in order for Salary Contributions to be made to the Northern Illinois University Supplemental Retirement Plan – Internal Revenue Code Section 403(b) ("Plan") under Internal Revenue Code Section 403(b). Participation in the Plan and this Agreement are subject to the terms of the Plan, as amended from time to time.

Important Employee Information

1. You are responsible for choosing the vendor and the investment products where you would like to invest your Salary Contributions. The University does not make this choice for you.
2. You are responsible for completing, signing and submitting this Salary Contribution Agreement and the vendor enrollment applications to establish your annuity contract or custodial account with a vendor.
3. You are responsible for naming a beneficiary under your annuity contract or custodial account to receive benefits in the event of your death. This is normally done at the time the contract or account is established, and can be revised later. Beneficiary designations should be reviewed periodically to ensure that they are current.
4. You are responsible for initiating distributions and any other transactions directly with the vendor you have selected. You must deal directly with your vendor to change your investment options. All rights under the contract or account in which you have invested your Salary Contributions are enforceable solely by you or your beneficiary.
5. You are responsible for determining that your contributions to retirement plans sponsored by other employers, when added to your Salary Contributions made under the Plan, do not exceed the allowable contribution limits under applicable law.
6. The University has approved certain vendors to offer investment options under the Plan. The University may revoke this authorization in accordance with its policies for approving vendors in its discretion at any time, in which case you will be required to designate a new vendor for future Salary Contributions.

Authorization to Make Salary Contributions

I, the undersigned Employee, agree to the Salary Contribution indicated on this Agreement. The University agrees to contribute this amount on my behalf to the vendor I have selected. It is intended that the requirements of all applicable State and Federal income tax rules and regulations will be satisfied. I understand and agree to the following:

1. The Agreement is legally binding and irrevocable with respect to amounts paid or available to me while this Agreement is in effect.
2. The Agreement may be terminated at any time for amounts not yet paid or made available to me, in which event salary reductions will end until I submit a new Salary Contribution Agreement.
3. I agree to indemnify and hold the University harmless against any and all actions, claims and demands whatsoever that may arise from my participation in the Plan.
4. I agree to provide the University information regarding my participation in retirement plans sponsored by any other employer to the extent that contributions to those plans would be aggregated with my Salary Contributions to this Plan for purposes of the applicable contribution limits.
5. I acknowledge that the University has made no representation to me regarding the advisability, appropriateness or tax consequences of selecting a particular vendor or the investment options offered by that vendor. All investment decisions have been made solely and unilaterally by me based upon my own analysis and judgment. I agree that the University shall have no liability whatsoever for any and all losses suffered by me relating to my selection of a vendor or the investment options offered by that vendor.



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Name: _____ NIU Employee ID#: _____ Last 4 digits SSN#: _____

Employee Payroll Status: [] Hourly [] Salary

Effective Date of Salary Contribution (select one): [] Next Available Pay Period OR [] Specific Pay Period (indicated below)

[] First Pay Period or [] Second Pay Period of _____ Month (please indicate) and _____ Year (please indicate)

Type of Contribution: [] Ongoing Contribution Change (election will remain in place until new from is submitted)

[] One Time Contribution from Payout of Vacation/Compensable Sick/Deferred Earnings (upon separation only)

I. SALARY CONTRIBUTION AUTHORIZATION [] new election [] change in election

- a. I request that the University reduce my gross compensation...
b. I request that the University contribute salary contributions...

NOTE: Salary Contributions to the Plan are limited to a specified dollar amount per calendar year (\$19,000 for 2019).

II. TERMINATION OF SALARY CONTRIBUTION AUTHORIZATION

- [] I request that the University terminate my pre-tax salary reduction contributions...
[] I request that the University terminate my Roth after-tax salary contributions...

III. EMPLOYEE CERTIFICATIONS

I certify that I have read this complete Agreement, and that I understand and agree to accept my responsibilities as a participant in the Plan.

Employee Name (please print) _____

Date _____

Employee Signature _____

Authorized Signature:

Date: