

TEXAS STATE UNIVERSITY-SAN MARCOS

**Tax Deferred Account Program  
Salary Reduction Agreement**

Rev. 01/09

Effective with respect to amounts earned on or after the first day of \_\_\_\_\_, 20\_\_\_\_\_, I request that Texas State University-San Marcos pay premiums for the purchase of a tax deferred account in lieu of a portion of my compensation otherwise payable directly to me for the \_\_\_\_\_c alendar year, and thereafter from year to year until revoked by either party, under the employment agreements between us.

This agreement is executed to be effective with respect to amounts earned on or after the execution of this agreement, and pursuant to the provisions of Sections 403(b) and 401(g), United States Internal Revenue Code, as amended; and as authorized under Article 6628a-5, Vernon's Texas Civil Statutes, as amended.

For such purposes, I hereby authorize you to take the action or actions indicated below (place and "x" in the appropriate box(es) and fill in all information requested):

Reduce my gross monthly salary by \$\_\_\_\_\_ per month, effective \_\_\_\_\_, 20\_\_\_\_\_. Allocate this amount with the vendor(s) listed below as indicated:

**Regular TDA** (pre-tax contributions)

Dollar Amount \_\_\_\_\_ Vendor #1 \_\_\_\_\_

Dollar Amount \_\_\_\_\_ Vendor #2 \_\_\_\_\_

**Roth TDA** (after-tax contributions)

Dollar Amount \_\_\_\_\_ Vendor #1 \_\_\_\_\_

Dollar Amount \_\_\_\_\_ Vendor #2 \_\_\_\_\_

Cancel my current salary reduction agreement(s) of \$\_\_\_\_\_ per month for my  
 Regular TDA and/or  
 Roth TDA  
with \_\_\_\_\_ vendor(s), effective the first day of \_\_\_\_\_, 20\_\_\_\_\_.

*This is an initial authorization.*                       *This is an amended authorization.*

**I understand that I will need to complete an application to open an account with the carrier I have selected. This agreement upon acceptance by Texas State will be legally binding and irrevocable with respect to all amounts earned while this agreement is in effect. It is also my agreement that in the event of an adverse IRS ruling concerning the federal income tax liability of individuals who elect to participate in this program, it will be my responsibility to satisfy the federal income tax deficiency. Furthermore, it is agreed and understood that Texas State assumes no liability or responsibility for either the income tax aspects of this program or the tax deferred policy terms and provisions.**

Signature of Employee: \_\_\_\_\_ SSN# or TX State ID#: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Vendor Representative Name: \_\_\_\_\_

**FOR HR OFFICE USE ONLY:**

This agreement is accepted as an amendment to your employment agreement for the calendar year and each year thereafter from this date \_\_\_\_\_, by \_\_\_\_\_, representative for Texas State.

Entered on \_\_\_\_\_, by \_\_\_\_\_.

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

*Texas State University-San Marcos, founded in 1899, is a member of the Texas State University System*