

# SECTION 403(b) TAX-DEFERRED ANNUITY (TDA) VOLUNTARY SALARY REDUCTION AGREEMENT

I understand that I am eligible to participate in a TDA arrangement. Under the TDA arrangement, I may elect to reduce my salary or other compensation, within federal income tax law limits, and my employer will contribute that amount to an annuity contract for me.

Employer: \_\_\_\_\_

Employee: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_

[Check and complete one section below to indicate whether you elect to contribute.]

ELECTION TO CONTRIBUTE.

I hereby agree to reduce my compensation from my employer in return for my employer's agreement to contribute this amount for me to a TDA with Mutual of America. (If I do not currently have a TDA account with Mutual of America, I understand that I must also complete an enrollment form.) I understand that:

1. This agreement applies only to salary earned by me after it is effective.
2. I may stop my salary reductions at any time by giving my employer written notice, but all salary reductions and contributions made while this agreement was in effect are irrevocable.
3. I may change the amount of my salary reduction by completing and giving my employer a new agreement. This agreement will not automatically terminate at the end of the calendar year, but will continue until terminated by me or my employer.
4. The amount of salary reduction and contribution cannot exceed certain federal income tax law limits. In general, those limits include a maximum "elective deferral" under Code Section 402(g), a maximum "annual addition" under Code Section 415 and a "maximum exclusion allowance" under Code Section 403(b). Salary reductions and contributions cannot exceed the least of those limits. Contributions to other TDAs and certain other retirement plans may reduce those limits.
5. This agreement, and any notice to stop or change my salary reduction election, will be put into effect by my employer as soon as administratively practical, or if later, the effective date requested by me.

\_\_\_\_\_ % of my compensation each pay period. -OR-

\$ \_\_\_\_\_ per pay period. Effective Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Employee) (Date)

\_\_\_\_\_  
(Signature of Employer Representative) (Title) (Date)

ELECTION NOT TO CONTRIBUTE.

I do not wish to contribute at this time. I understand that I may change this election at any time by completing and giving to my employer a voluntary salary reduction agreement.

\_\_\_\_\_  
(Signature of Employee) (Date)

NOTE TO EMPLOYERS  
THIS FORM IS TO BE RETAINED BY THE EMPLOYER.  
DO NOT SEND THIS FORM TO MUTUAL OF AMERICA.