Employee Contribution Change Form
Monthly (Exempt) 403(b) Pre-Tax Deductions
Complete sections 1 – 3

MONTHLY ONLY

This Section To Be Completed By Benefits Representative Only

Pay Period Effective Date: _____ University Contribution Effective Date: _____

❑ New ❑ Change ❑ Delimit ❑ Yes ❑ No

1. Name: _____ Duke Unique ID: _____

Social Security #: _____ Phone #: _____

Email: _____ Fax #: _____

Pay Check Date: _____

If you have provided an email address, you will receive an email confirmation within 3 business days of receipt of this form.
Please return by fax at 684-8620 or mail to Box 90502

2. Complete ONE option A – D; completion of more than one option will delay processing.

A. Whole **%** of salary _____**%** (per pay period)

B. Flat **$** amount **$**_____ (per pay period)

C. Maximum Program Option ❑
(Employee Contribution Limit)

D. Stop Deduction ❑

3. Allocation to each vendor – Must complete vendor application if enrolling with new vendor.

SAP Code	Vendors	% of Employee Contribution	% of Employer Contribution	New Vendor?	Benefits Use Only Current Allocation
9PR1	Fidelity	%	%	**Fill out a Vendor Application and send to the address provided by the Vendor**	
9PR3	Scudder	%	%		
9PR7	TIAA-CREF (GSRA)	%	**NO EMPLOYER $**		
9PR4	TIAA-CREF (RA)	%	%		
9PR5	AIG Retirement (VALIC)	%	%		
9PR6	Vanguard	%	%		
	TOTAL →	**100%**	**100%**		

The employee (also referred to below by using "I" or "my") hereby agrees and authorizes Duke, Duke University Health System Inc, hereafter "Duke" to reduce gross salary by the amount indicated above with respect to salary earned on or after the effective date. Such salary reduction amount shall be applied by Duke to purchase one or more Annuity Contracts and/or Custodial Accounts for the employee, as allocated and set forth on this form. The amount of the reduction shall remain in effect unless and until the employee and Duke agree to amend the reduction. Reductions indicated on this form revoke and replace prior elections, if any, made by me. The Salary Reduction Agreement shall be legally binding and irrevocable as to each of the parties hereto while employment continues; provided, however, that either party may terminate this Agreement 30 days from the pay date, so that it will not apply to salary subsequently earned, by giving written notice of the date of termination. It is further agreed that no more than one of these forms may be made within a pay period. I understand this Agreement is subject to approval by Duke and I accept full responsibility for all the effects of this Agreement. In making this election I agree to be bound by Duke's good faith interpretation of the limits as set forth in §§402 (g) and 415 of the Internal Revenue Code and by Duke's calculations of the amount to be contributed under this Agreement. I understand that this is a complicated area of the law; that there are complex technical rules and requirements (some of which may be subject to possible different interpretations); and that Duke is gratuitously providing a service by calculating my maximum contribution level. I therefore agree that in consideration of Duke providing this maximum contribution calculation I will indemnify, hold harmless, and pay all judgments, claims and tax assessments against Duke and employees of Duke arising from any liability or damage incurred by reason of any actions, inactions or decisions performed, taken, not taken or made by it or them in connection with any errors that may arise from my having made this election. Finally, I understand that an error in this calculation may result in current taxation of all or a part of the amounts contributed under this election and I agree that Duke may recover additional income tax withholding from my future salary payments should current taxation occur.

_____ _____
Employee Signature Date

_____ _____
Duke Benefits Signature Date