



**CLERGY ADVANTAGE 403b**  
YOUR ADVANTAGE. YOUR FUTURE.

403(b) Model Salary Deferral Agreement

**Important**

This Salary Deferral Agreement (SDA) must be completed and returned to your employer. Check with your employer to ensure that this agreement meets the employer's requirements. Please return this form to your church treasurer or personnel office.

**Payroll withholding election**

Please type or print clearly.

**Agreement between:**

Employee \_\_\_\_\_ Account number \_\_\_\_\_  
(if known)

Employer \_\_\_\_\_

Following the date of this agreement and subject to the limits shown below, I elect to participate in the 403(b) Retirement Plan and authorize my employer to withhold the following from my wages each pay period:

Pre-tax deferrals of \_\_\_\_\_% or \$\_\_\_\_\_

Roth (after tax) deferrals of \_\_\_\_\_% or \$\_\_\_\_\_

**NOTE: Please see the chart below for deferral and catch-up limits. Your annual deferral must not be greater than your annual salary or annual IRS limits, whichever is least. Also check IRS Publication 571 for information about the special "15 years of service" catch-up opportunity.**

**Signatures**

**In executing this agreement, I understand the following:**

My employer will contribute to the custodial account on my behalf the amount indicated above by which I have reduced my compensation under this agreement (my "elective deferral contributions").

Any pre-tax elective deferral contributions are not subject to federal (or, if applicable, state) income tax until distributed from the plan. Roth Contributions are fully taxable when contributed.

This agreement remains in effect until I revoke it, and I may revoke it at any time by providing my employer advance notice of my revocation. The revocation will be effective as soon as administratively feasible after my employer receives the notice.

This agreement will continue for subsequent calendar years unless I revoke it or execute a new one.

I am 100% vested in my elective deferral contributions. I understand that my elective contributions are subject to gain or loss in accordance with my selected investments.

X \_\_\_\_\_  
Signature of employee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (mm/dd/yy)

X \_\_\_\_\_  
Signature of employer

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (mm/dd/yy)

Year	Deferral limit	Catch-up limit*
2020	\$19,500	\$6,500

\*You must be at least 50 years old to make a catch-up contribution

