

SALARY REDUCTION AGREEMENT

Name:		SSN:			
Age: Full-time years @SRJC:					
☐ New	TSA Change	in existing TSA	Change in TSA Vendor	☐ Termination	
mutually i		nat the employee requests	and Sonoma County Junior of the employer to reduce the employer the employer to reduce the employer to reduce the employer to reduce the employer to reduce the employer the e		
	Effective Date	Monthly Amount	TSA Vendo Must be registered at the 40 website		
In requesti District ma its trustees trustees, of I agree th However,	ing the above stated deduction as a second control of the state of the second control of the state of the second control of the seco	uction by the District for to the present or future versions harmless from any and sections.	he acquisition of a Tax Shelters alue or soundness of the invest all claims based upon any alle th respect to salary earned we respect to salary not yet earn tions.	ed Annuity, I underst ment. I agree to hold ged negligence of the while this agreement	tand that the lathe District, e District, its is in effect.
Employee Signature		Daytime Phone Number		Date	
Agent's Signature		Name of Company		Agent's phone number	
Note: Agen	t Signature is required on the	initial agreement and therea	fter only if change in TSA vendor.		
Limits for	the plan will be the less	er of:			

The 402(g) general limit
Or
100% of Gross Compensation

Calendar Year	402(g) General Limit	50+years of age
2008	\$15,500	\$5,000
2009	\$16,500	\$5,500

In addition to the amounts above, Faculty or Staff with 15 years of full-time service with the District may also be eligible to contribute an additional \$3,000 per year not to exceed a lifetime contribution of \$15,000. Please consult the Payroll Department to verify eligibility.