

INSTRUCTIONS:

1. Complete appropriate sections
2. Forward copy of carrier application
3. Return to Human Resources

**TRINITY VALLEY COMMUNITY COLLEGE  
TDA SALARY REDUCTION AGREEMENT**

**NAME** \_\_\_\_\_ **SSN** \_\_\_\_\_  
(Print or Type)

Effective with respect to amounts earned on or after the first day of \_\_\_\_\_, 20\_\_\_\_, which is subsequent to the date of execution of this agreement, and pursuant to the provisions of Section 403(b), United States Internal Revenue Code of 1986, and as authorized by Senate Bill No. 17, Acts of the Texas 57<sup>th</sup> Legislature, Trinity Valley Community College is hereby authorized and directed to reduce my future compensation to purchase for me a non-forfeitable 403(b)(1) Tax Deferred Annuity.

1. Reduce my gross compensation by \$\_\_\_\_\_ fixed dollar amount basis) per month. This deduction will continue until I elect to stop or change in the future. Apply said sum to deposits for non-forfeitable contract or account selected by me and issued by:

\_\_\_\_\_  
(Name of Carrier)

**THIS AGREEMENT IS INCLUSIVE AS WRITTEN AND SUPERSEDES ALL PREVIOUS AGREEMENTS.**

It is understood and agreed that Trinity Valley Community College has not made any representation concerning income or other tax liability and is not liable or responsible for any tax consequences occurring under these programs nor for any of the terms or provisions thereof.

This agreement shall be legally binding and irrevocable as to both of the parties hereto while employment continues; provided, however, either party may change or terminate this agreement as of the end of any month, so that it will not apply to compensation not yet earned, by giving at least thirty (30) days written notice of the date of said change or termination..

**THIS IS AN \_\_\_ INITIAL, \_\_\_ AMENDED AUTHORIZATION**

\_\_\_\_\_  
(Date)

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