

# THE GEORGE WASHINGTON UNIVERSITY

WASHINGTON, DC

## 2024 SALARY REDUCTION AGREEMENT

### The George Washington University 457(b) Deferred Compensation Plan

|             |                       |
|-------------|-----------------------|
| GWID: _____ | Daytime Phone: _____  |
| Name: _____ | E-mail Address: _____ |

#### Enrollment: 457(b) Deferred Compensation Plan

- Initial Enrollment       Change

I wish to participate in the George Washington University 457(b) Deferred Compensation Plan. I understand that the amount that I contribute cannot exceed the maximum annual contribution limit as defined by the Internal Revenue Code. For **calendar year 2024** the maximum contribution is **\$23,000**.

- I elect to defer \_\_\_\_\_% of my earnings per pay period.
- I elect to defer a fixed dollar amount of \$\_\_\_\_\_ per pay period.
- I elect to defer the maximum amount for the **calendar year** and authorize the university to increase my contribution as necessary each year so that I always defer the maximum amount. The maximum contribution amount will be divided equally over my pay checks during the year, based on the pay schedule of my primary position.

I elect to invest my contributions with the following provider(s). *(If both, please indicate how you wish contributions to be allocated.)*

- Fidelity Investments \_\_\_\_\_       TIAA \_\_\_\_\_

I understand that, unless I request otherwise, elections will take effect the later of 1/1/2024 or the 1<sup>st</sup> day of the month following receipt of this form by GW Benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Cancellation

- I wish to cancel my existing salary reduction agreement. I understand that this cancellation will be effective 1st of the month following submission of this form to GW Benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed forms can be emailed to [benefits@gwu.edu](mailto:benefits@gwu.edu), faxed to 571-553-8385 or mailed to: **GW Benefits**, 44983 Knoll Square, Suite 391, Ashburn, VA 20147