



MATC Payroll Office
211 North Carroll Street
Madison, WI 53703-2285
Phone (608) 258-2436

Salary Reduction Agreement

(Madison Area Technical College District Deferred Compensation Plan)

I hereby request that the employment relationship between us be modified to substitute the deposit of salary reduction (elective) contributions on my behalf in lieu of a portion of the compensation otherwise payable directly to me so that I may obtain the benefit of Section 457(b) of the Internal Revenue Code of 1986, as amended, under the Madison Area Technical College District Deferred Compensation Plan.

For the purpose, I hereby authorize you to:

Reduce my payroll compensation beginning _____, 20 _____

and for subsequent checks by the sum of \$ _____ per check.

457 (b) Company Name _____
Where Account Has Been _____
Established: _____

457(b) Company Address: _____

I understand that this Agreement may not become effective any earlier than the first day of the calendar month following the date that I return this completed Agreement to my Employer.

The amount designated in this Agreement will continue as specified above unless terminated or modified in writing at least two weeks prior to the date the change is to be effective. Deductions are made on the 1st and 2nd check each month.

No deduction is made on the 3rd check of any month.

I agree that the amount specified in this Agreement may not exceed the limits of the Internal Revenue Code, and I am responsible for any excess contributions.

Employee _____ Date _____
Signature _____

Print Name _____

Signature of Employer _____ Date _____