University of Nebraska

DEFERRED COMPENSATION 457(b) PLAN
SALARY REDUCTION AGREEMENT

Employee Information

Name _____ University ID Number _____
Last First MI
Campus Address _____ Zip Code _____
Campus Phone _____ Email Address _____

Salary Reduction Agreement

I agree to reduce my compensation paid effective with respect to amounts earned on or after the first day of _____, 20___, which date is subsequent to the date of this agreement, from the University of Nebraska by $ _____ (dollar amount only) per pay period for the purpose of having such reduced compensation amounts contributed by the University to my accounts with one or more Investment Sponsors which I have designated below to be established on my behalf pursuant to the University's Section 457(b) Deferred Compensation Plan (the "Plan").

I certify that I have not participated in another 457(b) Deferred Compensation Plan during this calendar year.

This Agreement shall be legally binding and irrevocable with respect to amounts paid or otherwise made available while this Agreement is in effect. I may modify or otherwise terminate this Agreement as of the first day of the calendar month following the University's receipt of written notice at the appropriate Campus Benefits Office so that this Agreement will not apply to amounts paid or otherwise made available thereafter. The University may terminate this Agreement at any time.

In no event will the amount to be deferred hereunder produce a total deferral that exceeds the limitation of Internal Revenue Code Section 457(e)(15). This Agreement is subject to the terms of the Plan.

The amount of the salary deferral will be allocated between (a), or (b) as elected below.

☐ (a) $_____ to the TIAA-CREF Section 457(b) Annuity (cashable).

☐ (b) $_____ to the Fidelity Investments Section 457(b) Trust Account.

The sum of (a) and (b) must equal the amount of the reduction in compensation elected above.

Participation in the Section 457(b) Deferred Compensation Plan will terminate December 31st of each year. Participants must complete a new Section 457(b) Deferred Compensation Plan Salary Reduction Agreement form annually in order to participate in the Plan. **Salary Reduction Agreements may not be carried over into the next calendar year.**

_____ _____
Employee Signature Date