

SIMPLE IRA - Salary Reduction Agreement Form

Employee Information

Participant Name _____ Birth Date _____

Address _____ Hire Date _____

Address _____

City/State/Zip _____

Timing of Salary Reduction Elections

Each eligible employee may make, change or modify his/her salary reduction election during the 60-day period, which is the date the employee becomes eligible, and annually thereafter. The employer may allow other salary reduction election periods as outlined in the employer's SIMPLE IRA Summary Plan Description (SPD).

Maximum Salary Reduction Allowed

The maximum contribution amount an employee may defer is limited to the lesser of 100% of earned income up to the contribution limit for each calendar year:

Contribution Year	Contribution Limit	Catch-up Contribution for employees age 50 or older
2019	\$13,000.00	\$3,000.00
2020	\$13,000.00*	\$3,000.00*

* The 2020 limit may be increased by the IRS (for cost of living) in the Fall 2019.

Employees who defer salary into other employer retirement plans (such as 401(k) or 403(b)) during the same calendar year are subject to a maximum deferral limit of:

Contribution Year	Contribution Limit	Catch-up Contribution for employees age 50 or older
2019	\$19,000.00	\$6,000.00
2020	\$19,000.00*	\$6,000.00*

* The 2020 limit may be increased by the IRS (for cost of living) in the Fall 2019.

If the employee chooses to defer salary, the employee must provide the salary deferral elections to the employer.

Salary Reduction Election for _____ SIMPLE IRA
(Business Name)

- I elect to **STOP** or **DO NOT** wish to make salary reduction contributions into the SIMPLE IRA Plan.
- I elect to **MAKE** salary reduction contributions into the SIMPLE IRA subject to the terms and conditions of the Plan.
I authorize my employer to deduct from my pay the amount and/or percentage as indicated below.

Pay Period:

- Each pay period
- Other: _____ pay period(s)
(specify)

Contribution Type:

- Salary Deferral**
_____ % of pay **OR** \$ _____ dollar amount
- Catch-up Deferral** (must be age 50 or older in contribution year)
_____ % of pay **OR** \$ _____ dollar amount

Date Salary Reduction Begins

I understand that my salary reduction contributions will start as soon as permitted under the SIMPLE IRA Plan and as soon as administratively feasible. Date of first payroll period to begin salary reduction contributions is _____.

Note: This form should be retained by the employer - Do not mail to Edward Jones.

Financial Institution Information

Account Number: _____

Financial Institution's Name: _____

Branch Address: _____

Branch City, State & Zip: _____

Duration of Election

This Salary Reduction Agreement replaces any earlier agreement and will remain in effect as long as I remain an eligible employee under this SIMPLE IRA Plan or until I provide my employer with a request to end my salary reduction contributions or provide a new Salary Reduction Agreement as permitted under the SIMPLE IRA Plan.

Eligible Employee's Signature

Signature:

Print Name:

Date: