DIVERSIFIED INVESTMENT ADVISORS
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Salary Reduction Agreement

Instructions

Please complete the information below *and return this form to your employer.*

☐ Initial Agreement ,

☐ Agreement Change *(modifies any prior agreement)*

SECTION A. Employee Information (please print)

Social Security No. ☐☐☐-☐☐-☐☐☐☐ | Employee Number, if applicable | Department | Diversified Account No.

Last Name | First Name/Middle Initial

SECTION B. Salary Reduction Agreement

☐ I agree to reduce my eligible compensation by $_____ (amount) or _____ (whole percentages)% each pay period as a pre-tax salary deferral contribution.

☐ I agree to reduce my eligible compensation by $_____ (amount) or _____ (whole percentages)% each pay period as an after-tax contribution.

☐ *(For employees who have attained age 50 or will attain age 50 this calendar year)* I agree to reduce my eligible compensation, in equal amounts each pay period, as a pre-tax salary deferral catch-up contribution, as indicated below:

- ☐ maximum amount each year (*$4,000 for 2005, $5,000 for 2006, etc.)*
- ☐ $_____ (amount) each year

The above authorization is effective with the payroll period beginning _____ (date) *(may not be retroactive).*

☐ I elect not to make contributions to the plan/program.

SECTION C. Signatures

I understand that any catch-up contributions elected above are not determined to be catch-up contributions until my regular pre-tax salary deferral contributions exceed an applicable limit under the plan/program, and that the amount of my salary reduction above may not exceed the limits of contributions set forth in my employer's plan/program. I further understand that this agreement may not permit an aggregate amount of salary reduction contributions under the plan/program which, when added to elective deferrals made on my behalf to other plans (such as a 403(b) arrangement or a 401(k) plan), exceeds the limit as may be in effect for the year under Internal Revenue Code section 402(g). I understand that I may change the amount of my salary reduction, or terminate this agreement, by giving notice in accordance with the terms of my employer's plan/program.

X _____ Employee Signature _____ Date

X _____ Employer Representative Signature _____ Date

 Not-for-Profit