ILLINOIS INSTITUTE OF TECHNOLOGY TAX DEFERRED ANNUITY PLAN ("PLAN") SALARY DEFERRAL AGREEMENT / PLAN ENROLLMENT FORM

Employee Information					
Name: (First, M.I., Last):		CWID Number:	Effective Date		
Street Address:					
Oit.	04-4	7: 0 1			
City:	State:	Zip Code:			
Contributions					
"Matched" Contribution Illinois Institute of Technology (the "Univ	ersity") will make a nonelective "ma	tching" contribution to you	r Plan account		
based on the percentage of your base percentage of your base pay you would	ay you elect to defer to the Plan (up				
☐ 0% Employee contribution (receives a 5% University "match	ning" contribution)			
☐ 1% Employee contribution (, ,				
2% Employee contribution (% Employee contribution (receives a 7% University "matching" contribution)				
☐ 3% Employee contribution (3% Employee contribution (receives a 8% University "matching" contribution)				
☐ 4% Employee contribution (4% Employee contribution (receives a 9% University "matching" contribution)				
s. "Unmatched" Contribution					
an additional unmatched e amount allowed under Co-if I am age 50 or older, an	ntributions are not subject to the Co ployee contribution of%* of my employee contribution, up to the ma de Section 402(g) (adjusted annual additional unmatched employee co	base pay (*must be whole in the contribution base)	•		
(adjusted annually)					
maximum amount allowed (adjusted annually)	(adjusted annually)				
to employees with 15 or m	an additional unmatched employee contribution up to the maximum amount allowed to employees with 15 or more years of service under Code Section 403(b)* (*contact the University's HR Department to select this option)				
The total of your salary deferrals and the permitted under Code Section 415. Conf					
Vendor Allocation					
elect to direct my contributions to the Plan	as follows:				
% Fidelity Investments, Inc	c. AND/OR				

NOTE: The percentages stated above must total 100% and must be in whole numbers only.

Participation Agreement

I understand the University will start my salary deferral election(s) (as described above) as soon as permitted under the Plan and as soon as administratively feasible, and that my salary deferral election(s) (as described above) will reduce my pay on a pre-tax basis. I also understand that my salary deferral election(s) (as described above) will replace any earlier election(s) I may have made, and that this Salary Deferral Agreement will remain in effect for as long as I am eligible to participate in the Plan unless: (i) I request to end my salary deferral election(s) entirely, or (ii) I provide a new Salary Deferral Agreement to the University's HR Department. I understand that I may not change my salary deferral election(s) (by submitting a new Salary Deferral Agreement to the University's HR Department) more than once per calendar quarter.

I understand that I have an obligation to review my pay records (pay stub, direct deposit receipt, etc.) to confirm the University has properly implemented by salary deferral election(s) (as described above). I also understand that I have an obligation to promptly inform the University's HR Department if I discover any discrepancy between my pay records and this Salary Deferral Agreement. If I fail to promptly report any discrepancies or withholding errors to the University within 90 days of first discovering them, I understand that the University shall treat my failure to report the discrepancy or withholding error as my affirmative election to defer the amount actually withheld (including zero). I may, however, thereafter modify my salary deferral election(s) prospectively and consistent with Plan terms.

Signed this	day of	, 20
Employee Signature:	Human Resources Signature:	
For Human Resources Use Only Employee Class:	_Hire Date:_	Eligible?: Y or N