

## **Retirement Income Plan (Basic Plan) Salary Reduction Agreement**

***Section 1: Complete this section if you want to waive your participation in the plan.***

***I elect to WAIVE my participation in the plan.*** I understand that I have been given the opportunity to enroll in the Yeshiva University Retirement Income Plan and that I have decided to waive participation in the plan at this time. I understand that the University will not make any contribution to the plan on my behalf. If eligible, I may enroll in the plan at a later date.

***Section 2: Complete this section if you want to enroll in or change your current contributions to the plan.***

New Enrollment/Change     Increase     Decrease

***I elect to PARTICIPATE in the plan.*** By signing this agreement, I authorize a salary reduction of my compensation as defined in the Plan. I understand that the minimum that I can contribute is equal to the lesser of 2% of compensation or \$200 but no more than 80% of compensation. I understand that if I want to contribute the minimum, I must contact the University