

**INVESTMENT AGREEMENT FOR THE  
KANSAS BOARD OF REGENTS MANDATORY RETIREMENT PLAN  
KANSAS STATE UNIVERSITY**

Employee Name \_\_\_\_\_ Employee ID Number \_\_\_\_\_

This Agreement is effective with the pay period beginning \_\_\_\_\_

This Investment Agreement ("Agreement") is entered into between the undersigned employee ("Employee") and Kansas State University ("Employer"), in order for salary deferral contributions to be made to the Kansas Board of Regents Mandatory Retirement Plan ("Plan") under Internal Revenue Code Section 403(b) and K.S.A. § 74-4925.

**I. AUTHORIZATION TO MAKE MANDATORY SALARY REDUCATIONS**

I understand that once I have satisfied the Plan's eligibility requirements, my participation in the Plan is mandatory, and I must complete this Agreement as provided in Section III. By signing this Agreement, I hereby authorize and direct my Employer to reduce my salary on a pre-tax basis by 5.5% and direct my Employer to contribute this amount to the Plan. I understand that my Employer will also contribute an additional amount equal to 8.5% of my salary to the Plan.

**II. INVESTMENT PROVIDER SELECTION**

I direct my Employer to forward the amounts by which my salary is reduced under the Plan to the Investment Provider designated below: **CHECK ONE**

ING Life Insurance and Annuity Company (024)

TIAA-CREF (695)

**I understand that I am responsible for selecting an Investment Provider and Investment Options offered by that Provider.**

**III. EFFECTIVE DATE OF AGREEMENT**

I understand that this Agreement will be effective as of the first pay period coinciding with or next following the date I satisfy the Plan's eligibility requirements, by which date I must have completed this Agreement and returned it to the KSU Division of Human Resources. I understand that, generally, one year of service with my Employer (or with other employers under the management of the Kansas Board of Regents) is required before I am eligible to participate in the plan, but that this service requirement may be waived in certain circumstances. If I believe that I am entitled to a waiver, I understand that I must submit documentation supporting such waiver within 90 days of my date of hire. I further understand that this Agreement is only effective with respect to salary received by me after its effective date. I understand that this Agreement is legally binding and irrevocable with respect to salary received by me while the Agreement is in effect.

**IV. DURATION OF AGREEMENT**

This Agreement shall remain in force for the duration of my employment; provided, however, I may change my Investment Provider one time each calendar year. The Kansas Board of Regents may reduce or discontinue my salary deferral contributions in any year in which this Agreement is in effect if necessary to comply with applicable provisions of the Internal Revenue Code. If I terminate employment with my Employer, or if the Kansas Board of Regents terminates the Plan, this Agreement shall automatically terminate.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Name

\_\_\_\_\_  
Department Address

**Division of Human Resources Use Only:**

Basic TSA:      Effective Date \_\_\_\_\_      Company Code:    024    695      Date \_\_\_\_\_