V

INVESTMENT AGREEMENT – VOLUNTARY RETIREMENT PLAN
KANSAS BOARD OF REGENTS/KANSAS STATE UNIVERSITY

RESET

PER-19
11/2008

Check One: ☐ **Begin OR Change Existing Salary Reduction Elections** ☐ **Terminate Salary Reduction Elections**

Employee Name_____ Employee ID _____

Effective with the pay period beginning _____
This Agreement replaces any agreement currently in place. The effective date may be no earlier than the beginning of the pay period following the signature date on this form and the date received by the Kansas State University Division of Human Resources.

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

I. AUTHORIZATION TO MAKE SALARY REDUCTIONS

I understand that my participation in the Plan is voluntary, and that I may choose to defer either a percentage or dollar amount of my salary per pay period, subject to the limitations of Sections 402(g), 414(v) and 415 of the IRC, which amount will be contributed by my Employer to the Plan.

I hereby direct my Employer to reduce my salary per pay period on a pre-tax basis and contribute this amount to the Plan (*check one box)*:

☐ _____% per pay period ☐ $_____ per pay period

☐ The maximum permissible amount under the IRC, including all catch-up provisions. Annual contribution limit will be divided by annual contracted pay periods.

☐ The maximum permissible amount under the IRC, including all catch-up provisions, to be distributed among this year's *remaining* pay periods. Subsequent annual contributions will be divided among annual contracted pay periods.

II. INVESTMENT PROVIDER SELECTION

I direct my Employer to forward the amount by which my salary is reduced under the Plan to the following investment provider, which has been approved by the Kansas Board of Regents ("Board") to provide investment options under the Plan (please see listing at http://www.kansasregents.org/download/vtsa.html).

_____ _____
Name of Investment Provider – Company Name Name of Authorized Agent (optional)

I represent that I have completed all necessary forms with the above-identified Investment Provider to direct my investments. I understand that I am responsible for selecting an Investment Provider and Investment Options offered by that Provider.

III. AGREEMENT INFORMATION

I understand that this Agreement will be effective as of the first pay period following the date I complete the Agreement and return it to the KSU Division of Human Resources; provided, however, that if I am not eligible to participate in the Plan, this Agreement will be effective as of the first pay period following the date I become eligible to participate in the Plan. 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 will continue from year to year unless I change or terminate it. I am free to change or terminate the Agreement at any time by submitting a new Investment Agreement to the KSU Division of Human Resources, and the change to or termination of my salary deferral contribution will be effective as provided hereunder; provided, however, that I may change my Investment Provider only one time each calendar year. The Board 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 IRC. If I terminate employment with my Employer this Agreement shall automatically terminate, of if the Board terminates the Plan, this Agreement shall automatically terminate.

_____ _____ _____
Employee Signature Department Name/Address Date

Division of Human Resources Use Only:

Voluntary TSA: Effective _____ Company Code_____ % or $_____ Date_____