



Roth After-Tax

PER-19R
12/2010

**INVESTMENT AGREEMENT – VOLUNTARY RETIREMENT PLAN
KANSAS BOARD OF REGENTS (KBOR)/KANSAS STATE UNIVERSITY**

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

**This form is to be used only for Roth after-tax contributions to the Voluntary Retirement Plan.
To enroll in or make changes to a voluntary pre-tax 403(b) plan, complete a PER-19 Investment Agreement.
Voluntary pre-tax and after-tax contributions may be made concurrently to the limit allowed by IRC regulations.**

Employee Name _____ Employee ID _____

Effective with the pay period beginning _____ *This Agreement replaces any after-tax agreement currently in place. The effective date cannot be earlier than the beginning of the first 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 KBOR 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 an after-tax basis and contribute this amount to the Plan (*check one box*):

_____ % per pay period \$ _____ per pay period OR from leave payout Balance of leave payout

The maximum permissible amount under the IRC, including all catch-up provisions. Annual contribution limit will be divided by annual contracted pay periods. (26 pay periods in 12-month contract; 20 pay periods in 9-month contract) The maximum permissible amount under the IRC, including all catch-up provisions, to be distributed among this calendar 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 KBOR to provide investment options under the Plan (please see listing at <http://www.kansasregents.org/vtsa>).

Name of Investment Provider – Company Name

Optional: Name of Authorized Agent, if known

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 K-State 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 Roth After-Tax Investment Agreement to the K-State 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 or, if the Board terminates the Plan, this Agreement shall automatically terminate.

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.

Employee Signature E-Mail or Department Name/Address Date

Division of Human Resources Use Only:

Effective ____/____/____ Pay Date ____/____/____ Provider _____ % or \$ _____ Date ____/____/____