

**DUKE UNIVERSITY 457(B) DEFERRED COMPENSATION PLAN**  
**Salary Reduction Agreement**

**For Benefits Use Only**

Pay Period Effective Date: \_\_\_\_\_

**SECTION 1: PARTICIPANT INFORMATION**

Name: \_\_\_\_\_

Duke ID: \_\_\_\_\_

Email: \_\_\_\_\_

*\*If you have provided an email address, you will receive an email confirmation within 3 business days of receiving this form.*

**SECTION 2: EMPLOYEE CONTRIBUTION ELECTION**

By this Agreement, made between Duke University and me, the parties hereto agree as follows:

Effective with respect to salary earned on or after \_\_\_\_\_ (which date is subsequent to the execution of this Agreement), the employee's salary will be reduced by the amount indicated below.

The amount of salary reduction to be credited to my Section 457(b) account shall be:

**(Please select one)**

☐ **A. Whole % of Salary** \_\_\_\_\_ %  
(per pay period)

☐ **C. Maximum Program Option** \$ \_\_\_\_\_  
Elect to contribute the maximum for  
this year and subsequent years (as  
determined by IRS Limitations)  
(per pay period)

☐ **B. Flat \$ Amount** \$ \_\_\_\_\_  
(per pay period)

☐ **D. Stop Contributions**

The Agreement shall be legally binding and irrevocable as to each of the parties hereto while employment continues; provided, however, that either party may terminate or modify this Agreement as of the end of any month, so that it will not apply to salary subsequently earned, by giving at least thirty (30) day written notice of the date of termination.

**SECTION 3: RETIREMENT SERVICE PROVIDER ALLOCATION**

Fidelity is the only service provider available for new enrollments. Access your account through **fidelity.com/duke**. If you do not select investment selections, your contributions will be defaulted to the Vanguard Target Date Fund based on your age.

**SECTION 4: ACKNOWLEDGEMENT AND AUTHORIZATION**

This Agreement is hereby deemed to constitute my salary reduction agreement under the 457(b) Deferred Compensation Plan ("Plan"). I agree that salary deferrals under the Plan will not exceed the statutory applicable limit under Section 457(b) of the Internal Revenue Code. I also agree to all of the terms and conditions contained in the Plan, including the conditions that the Plan shall be unfunded and all amounts shall be paid from the general assets of Duke University.

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

Date: \_\_\_\_\_

Duke Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Please send completed form to 457(b) Team using one of the methods below:***

**Mail:** Benefits, Box 90502, 705 Broad Street, Durham, NC 27708

**Fax:** (919) 681-8774

**Email:** [hr@duke.edu](mailto:hr@duke.edu)