



**Smithsonian Institution**  
**Tax Deferred Annuity Retirement Plan**  
**Salary Reduction Agreement**

**This form is the only form required to enroll in the Tax Deferred Annuity (TDA) plan**

**BY THIS AGREEMENT, made between the employee and The Smithsonian Institution, we agree as follows:**

Effective for amounts paid on or after \_\_\_\_\_, the Employee's salary will be reduced by the dollar amount or percentage indicated below.

**Employee: Complete Sections I, II, sign, date and forward to the Human Resources Benefits Office**

**Section I Employee information**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

SI Organization/Office \_\_\_\_\_ Please check one: ☐ New enrollment ☐ Change

**Section II Deferral Amount**

The amount of the salary reduction shall be: (check one)

☐ \_\_\_\_\_ % of gross annual base salary (you can contribute up to 99% per pay period) OR

☐ \$ \_\_\_\_\_ per pay period (you can contribute up to \$9,999 per pay period)

*Current calendar year contributions with a prior employer (including other federal agencies) or as a Smithsonian Institution federal employee*

Have you made any pre-tax contribution in this calendar year to a prior employer 401 (k) or 403(b) plan?

☐ Yes ☐ No

If yes, please indicate the total amount of your contribution this year \$ \_\_\_\_\_ .

The total 401(k) and/or 403(b) deferrals in a calendar year cannot exceed the limits as set forth by the IRS.

The IRS limit will produce a total Institution contribution that does not exceed the Employee's statutory limitation under IRC Section 415 or Section 402(g), whichever is less. For employees age 50 and over, this amount will include any additional catch-up contribution permitted under IRC 414(v).

**Employee Name** \_\_\_\_\_ **Benefits Specialist Name** \_\_\_\_\_

**Employee Signature** \_\_\_\_\_ **Benefits Specialist Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ **Date** \_\_\_\_\_

If not previously enrolled, this agreement will enroll the employee in the Smithsonian Institution Tax Deferred Annuity (TDA) plan.

This Salary Reduction Agreement shall be legally binding for both the Institution and the Employee while employment continues, unless and until this Agreement is modified. This Agreement will be effective the first day of the pay period following the date in which the Agreement is accurately completed and received by your designated benefit office/representative. The Employee may modify this Agreement in any subsequent pay period by completing a new Agreement.

Revised November 2018