

**415(c) SPECIAL PAY PLAN (SPP) COMPENSATION AGREEMENT  
("SPP Agreement")**

<b>Employee Name: Last, First MI (PLEASE PRINT)</b>	<b>Date of Birth</b>
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As an employee of West Virginia University (WVU), I understand the following:  
WVU is disbursing all or a portion of my incentive pay compensation to the 415(c) plan administered by TIAA. I understand my Employment Agreement is hereby amended to reflect what is contained in this SPP Agreement. If there are any inconsistencies or conflict between my Employment Agreement and this SPP Agreement, this SPP Agreement is controlling.

The amounts WVU contributes to the 415(c) plan will be vested immediately, but not available for cash until I have a 403(b) plan triggering event or other event as required by the plan document.

I will select my own investments among the approved investment options through TIAA.

The plan does not provide for loans or rollovers into the plan.

Distributions from the plan are taxable unless rolled over to another plan or IRA.

The plan is subject to the Required Minimum Distributions rules upon attainment of age 72 or retirement, whichever comes later.

I should consult my tax advisor regarding the overall limits that apply in my individual circumstances.

**PART I – INCENTIVE PAY COMPENSATION AMOUNT**

**415(c) Plan Pre-tax Employer Contribution Amount**

- a.  Fixed dollar amount \$ \_\_\_\_\_
- b.  All incentive pay dollars (up to the maximum contribution established for the plan)
- c.  Cancel 415(c) incentive pay compensation contributions

**Note:** *Only for new enrollees, a separate 415(c) TIAA enrollment form must be completed and submitted along with this form.*

**PART II – SIGNATURE VERIFICATION & EFFECTIVE DATE**

The submission of this Agreement will replace any prior Agreements you have made for this plan.

By signing this Agreement, I hereby affirm that I have reviewed, understand, and agree to be bound by the terms of the relevant plan documents. I also affirm that the dates of payments into the plan will occur approximately twice per calendar year with supervisor approval, and may not coincide with the dates of payment committed to in my employment contract.

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

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

Authorized Employer Signature: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

***Please return forms to the Director of Benefits Strategy at the address listed on the top of this form or returned electronically.***