WVU DIVISION OF TALENT AND CULTURE - BENEFITS STRATEGY

PO Box 6640 • One Waterfront Place • Morgantown, WV 26506 • (304) 293-5700 x 4 • retirement@mail.wvu.edu

415(c) SPECIAL PAY PLAN (SPP) COMPENSATION CONTRIBUTION AGREEMENT

Employee Name: Last, First MI (PLEASE PRINT)	Date of Birth
As an employee of West Virginia University (WVU), I understand to I am authorizing WVU to contribute all or a portion of my incentive TIAA.	
The amounts WVU contributes to the 415(c) plan will be vested in plan triggering event or other event as required by the plan docul will select my own investments among the approved investment. The plan does not provide for loans or rollovers into the plan. Distributions from the plan are taxable unless rolled over to anoth. The plan is subject to the Required Minimum Distributions rules comes later. I should consult my tax advisor regarding the overall limits that a	ment. t options through TIAA. er plan or IRA. upon attainment of age 72 or retirement, whichever
PART I – INCENTIVE PAY COMPENSATION CONTRIBUTION	AMOUNT
415(c) Plan Pre-tax Employer Contribution Amount	
 a. Fixed dollar amount \$ b. All incentive pay dollars (up to the maximum contribution) c. Cancel 415(c) incentive pay compensation contribution 	• •
Note: Only for <u>new</u> enrollees, a separate 415(c) TIAA enrollmenthis form.	nt form must be completed and submitted along with
PART II - SIGNATURE VERIFICATION & EFFECTIVE DATE Upon completion and signature of this Agreement, please return Strategy. The submission of this Agreement will replace any prio signing this Agreement I hereby affirm that I have reviewed, und the relevant plan documents.	r Agreements you have made for this plan. By
Employee Signature:	Date:
Authorized Employer Signature:	_ Date:
Print Name:	Title:

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Retirement@mail.wvu.edu.

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