South Dakota School of Mines and Technology
Salary Reduction Agreement
SD529 Plan

(Please note: this is NOT a tax deferred payroll reduction)

DEADLINE: Signed agreement forms received after the 15th of the month may be processed the following month, dependent upon the status of payroll when form is received.

Print Name: _____ Social Security Number _____

Type of Deduction:
Please check one:

12-month appointment _____
Less than 12-month appointment _____
(Reductions will be made September through April unless otherwise specified below)
One time reduction _____

Requested Action
Please check one:

Start a new deduction _____
Discontinue deduction _____
Increase/decrease deduction _____

Request is hereby made that my current employment contract with you be amended to provide a salary reduction, in the amount of _____, starting with the month of _____ in the year of _____, and each month thereafter in which salary is paid to me, subject to my right of revocation hereinafter described, and that such sum be applied to purchase an individual SD529 Plan contract.

SD529 Plan Company: College Access 529 Plan Contract Number: _____

Remittance Address: PO Box 9775 (Street) Providence, RI (City/State) 02940 (Zip)

Agent Name: _____ Agent Phone Number: _____

Subject to my employment, this Request shall remain in effect until cancelled or changed by providing written notice to the Human Resources Office prior to the 15th of the month (or dependent upon the status of payroll) in which the change is to occur. Any request received after the 15th may be processed the following month, dependent upon the status of payroll.

Employee signature_____ Date_____

To be used only to clarify or if other than September through April reductions are requested

$ _____	January	$ _____	April	$ _____	July	$ _____	October
$ _____	Febuary	$ _____	May	$ _____	August	$ _____	November
$ _____	March	$ _____	June	$ _____	September	$ _____	December

Payroll Office Use:
Deduction Code_____4270_____ by _____ Date_____
Deduction stopped due to Leave without pay_____ (month stopped) Initials_____