NEW MEXICO TECH
SCIENCE • ENGINEERING • RESEARCH UNIVERSITY

Salary Reduction Agreement for Tax Sheltered Annuity Plan (403b) and Deferred Compensation Plan (457)

Employee Information

Employee Name: Banner number:

Investment Plan Information (check one box. Use multiple forms if you participate with multiple plan providers)

☐ Fidelity Investments ☐ TIAA-CREF ☐ AIG-Valic ☐ Voya (457 plan-only pre-tax)

I have contributed to this investment plan with NMT in the past: ☐ Yes ☐ No

---

Transaction Information

Effective with bi-weekly pay period beginning: (pay periods begin on Monday)

Select one of the changes in this section:

A. Increase/Decrease from to on a bi-weekly basis Roth ☐ or Pre-Tax ☐

B. Begin my contribution in the amount of on a bi-weekly basis Roth ☐ or Pre-Tax ☐

C. Cancel my contribution ☐ Yes

D. Make a one-time contribution of

Invoke catch-up rules:2026 COLA Limits

☐ I am eligible for the $24,500 total.

☐ I am eligible for the 50+ rule **- 8,000**

☐ Individuals who attain age 60, 61, 62, or 63 in 2025-**$11,250**

Employee Annual Contribution: Maximum Amount Allowed for current year

---

Participation Agreement:

This agreement is incorporated into the Plan document and that these together constitute my entire rights and obligation under the plan. This form is a legally binding contract and I understand the terms and provisions thereof. I understand that by signing and submitting this Salary Reduction Agreement Employee Contributions form for processing, I am requesting to have contributions deducted from my pay and sent to the company(ies) selected above. It will establish investment options with the company(ies). I understand that deferral amounts can be reduced or suspended to meet statutory limits under Sections 403(b) and/or 415 or 402(g) of the IRC, whichever section(s) is applicable. I take full responsibility for not allowing any over contributions to occur and I am solely responsible for any penalties imposed by the IRS should they be imposed. I relieve NMT of all responsibility for the quality of earnings of any product sold by the companies on the participating list. I understand NMT Payroll is responsible for sending my contribution to the company at the beginning of the following month.

Employee Signature:

I have completed, understand and agree to the information listed above. By execution of this agreement, I hereby cancel any 403(b) agreements previously executed by me. This agreement supersedes all prior agreements. In consideration of execution by New Mexico Tech of this agreement, I, the employee, hereby agree to indemnify and hold harmless and release New Mexico Tech and all its regents, president, vice-presidents, and employees from all claims and liability of any type directly or indirectly arising out of this agreement.

Employee _____ New Mexico Tech _____

Date Date

Version: January 2026