

# V-Roth After-Tax

## INVESTMENT AGREEMENT FOR THE KANSAS BOARD OF REGENTS (KBOR) VOLUNTARY RETIREMENT PLAN Wichita State University

*Please note that this form is to be used only for Roth contributions to the Voluntary Retirement Plan.  
Any change you make on this form will affect only your Roth contributions. You also can utilize the Pre-Tax option at the same time. If you want to enroll in or make changes to your Pre-Tax contributions to the Voluntary Retirement Plan, you must complete a "V-Pre-Tax Investment Agreement."*

**Check one:**     New Enrollment         Change Contribution Elections         Terminate Contribution Elections

This Investment Agreement ("Agreement") is entered into between the undersigned employee ("Employee") of **Wichita State University** in order for contributions to be made to the KBOR Voluntary Retirement Plan ("Plan") under Internal Revenue Code (IRC) Section 403(b) and K.S.A. § 74-4925b.

### I. AUTHORIZATION TO MAKE SALARY REDUCTIONS

I understand that my participation in the Plan is voluntary, and that I may choose to contribute either a percentage or dollar amount of my salary per pay period, subject to the limitations of Sections 402(g), 414(v) and 415 of the IRC, which amount will be contributed by my Employer to the Plan.

I hereby direct my Employer to reduce my salary per pay period and contribute this amount as a Roth contribution to the Plan. (Note: if you also wish to make pre-tax contributions to the Plan, you will need to complete the V-Pre-Tax Investment Agreement. BOTH pre-tax and Roth contributions will be aggregated to determine the maximum amount permissible to the Plan under the IRC.)

Please check one box:  \_\_\_\_\_%     \$\_\_\_\_\_     The maximum permissible amount under the IRC, including all catch-up provisions.

### II. INVESTMENT PROVIDER SELECTION

I direct my Employer to forward the amounts by which my salary is reduced under the Plan to the following investment provider, which has been approved by KBOR to provide investment options under the Plan (please see listing at <http://www.kansasregents.org/>) and which accepts Roth contributions.

\_\_\_\_\_  
Name of Investment Provider – Company Name

\_\_\_\_\_  
Name of Authorized Agent

**I represent that I have completed all necessary forms with the above-identified investment provider to direct the investment of my Roth contributions under the Plan. I understand that I am responsible for selecting an investment provider and investment options offered by that provider.**

### III. EFFECTIVE DATE OF AGREEMENT

I understand that this Agreement will be effective as of the first pay period following the date I complete the Agreement and return it to **Human Resources**; provided, however, that if I am not eligible to participate in the Plan, this Agreement will be effective as of the first pay period following the date I become eligible to participate in the Plan. I further understand that this Agreement is only effective with respect to salary received by me after its effective date. I understand that this Agreement is legally binding and irrevocable with respect to salary received by me while the Agreement is in effect.

### IV. DURATION OF AGREEMENT

This Agreement will continue from year to year unless I change or terminate it. I am free to change or terminate the Agreement at any time by submitting a new V-Roth After-Tax Investment Agreement to **Human Resources** and the change to or termination of my contribution will be effective as provided hereunder; provided, however, that I may change my investment provider only one time each calendar year. The Board may reduce or discontinue my contributions in any year in which this Agreement is in effect if necessary to comply with applicable provisions of the IRC. If I terminate employment with my Employer this Agreement shall automatically terminate, or if the Board terminates the Plan, this Agreement shall automatically terminate.

### V. EMPLOYEE INFORMATION

\_\_\_\_\_  
Employee Name (First, M.I., Last) *Please Print*

\_\_\_\_\_  
Employee Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

**Human Resources Use Only:**

ID# \_\_\_\_\_ Effective Date: \_\_\_\_\_ Co. Code: \_\_\_\_\_ Date Entered: \_\_\_\_\_

This change and/or election will be effective with the pay check date: \_\_\_\_\_