



<b>HR/Payroll Use Only:</b> Effective Date: _____ EMP ID: _____
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**SALARY REDUCTION AGREEMENT TERMINATION NOTICE  
FOR THE  
BENEDICTINE UNIVERSITY DEFINED CONTRIBUTION RETIREMENT PLAN**

**Notice: Use this form only to terminate your Salary Reduction Agreement for the Benedictine University Defined Contribution Retirement Plan. To change the amount of your salary reduction contributions, you must complete a new Salary Reduction Agreement and return it to Human Resources.**

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

\_\_\_\_\_  
Employee Address (Street, City, State, ZIP)

I want to terminate my salary reduction contributions to the Benedictine University Defined Contribution Retirement Plan. I understand that my election to stop my salary reduction contributions will take effect as soon as administratively practicable following the date I complete this form and return it to Human Resources.

I understand that in order to begin salary reduction contributions again, I will need to complete a new Salary Reduction Agreement for the Benedictine University Defined Contribution Retirement Plan and return it to Human Resources.

**SIGNATURES**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by Authorized University Representative