



**LIFESPAN RETIREMENT PROGRAM
457(b) SALARY REDUCTION AGREEMENT**

Section 1. Personal Information

Name: _____ Employee ID: _____
 First Middle Last Required*

Phone Number: _____

Section 2. 457(b) Pre-Tax Savings Contributions

An annual dollar limit (see chart below) applies to the total amount you can save each calendar year. Lifespan reserves the right to limit your contributions to comply with applicable limits.

<p>Fidelity 457(b) <input type="checkbox"/> Initial election <input type="checkbox"/> Change election <input type="checkbox"/> Stop contributing</p> <p>I understand that if this is my initial election, I must go to https://nb.fidelity.com to select my fund investments. If I do not make an online selection, my contributions will be invested in a default fund. The current default fund is the age-appropriate Vanguard Institutional Target Retirement Fund based on my date of birth⁽¹⁾. Your contribution percentage must be an even percentage or, for fractions of a percentage, an exact increment of 0.5%. I understand that any requested changes will take effect the first paycheck of the month following my election.</p>	<p align="center">%</p> <p>Percentage of weekly or bi-weekly pay</p>
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⁽¹⁾ The default fund may be changed from time to time and participants will be notified of the change.

Year	Annual Limit ⁽²⁾
2023	\$22,500

⁽²⁾ Annual Limit subject to change in subsequent years according to IRS published guidelines.

Section 3. Authorization and Acceptance by the Participant as follows:

I acknowledge receipt of, or have reviewed a copy of, the Plan and confirm that I understand the terms, provisions and conditions thereof, which terms, provisions and conditions are hereby incorporated into this agreement and constitute my entire rights and obligations under the Plan. I further authorize the deduction of the percentage of pay amounts I have elected above for each pay period and the deposit of these contributions in my Lifespan 457(b) Account as directed above. I understand that this Agreement is binding and irrevocable with respect to the compensation paid while this Agreement is in effect, but that I may revoke the Agreement with respect to compensation not yet paid by filing a new 457(b) Salary Reduction Agreement with Human Resources – Retirement Team in the Benefits Department.

Signature of Participant

Date

Accepted by Lifespan

Date

*Your Employee ID is displayed on your pay stub and can be found in the bottom right corner under the section labeled "Important Notes".