

IARC U.S. Retirement Plan - Vanguard

403(b) Salary Reduction Agreement (SRA) Form - 2025



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This form is to be completed by U.S. taxpayers only

To fill out the form, you can save it in your computer or print it directly from the website.

A completed and signed copy of this form must be sent to both your AIARC Coordinator and your Center HR.

By completing this form, you can begin your voluntary salary reductions for monthly contributions to the IARC U.S. Retirement Plan administered by Vanguard. This reduction will decrease the amount of annual compensation subject to federal income tax.

Section 1: Personal Details

Participant Name:

Last Name, First Name, Middle Initial

Social Security Number:

Email Address:

Center (Employer) Name:

Select your employer from the list

Section 2: Salary Reduction Amount & Contribution Rules

For calendar year 2025, U.S. law limits your maximum **pre-tax** annual contributions to your retirement based upon the least of the following rules:

Rule #1 – Employer contributions are calculated based on a maximum of \$350,000 in annual compensation.

Rule #2 – Voluntary contributions must be no more than \$23,500 (if 50 or older or will turn 50 by the end of 2025, you can make up to \$7,500 in catch-up contributions for a maximum total of \$31,000).

Rule #3 – Employer contributions plus voluntary contributions must be no more than \$70,000 (if you are 50 or older or will turn 50 by the end of 2025, your total contribution maximum is \$77,500).

AIARC will perform the maximum contribution tests using the rules above to determine if your requested amount exceeds the allowable limit. If your amount exceeds the limit, AIARC will notify you.

Voluntary Salary Reduction Requested: \$

Per Month

Please indicate the dollar amount in the above box that you wish to contribute from your salary each month – just writing the word “maximum” is not allowed. Your voluntary contribution will begin with your first full month of salary.

To discontinue your voluntary contribution, write “zero-dollar amount” in the above box.

Your monthly contribution cannot exceed your net salary (monthly base pay minus deductions). An SRA Form must be received by the seventh (7) day of the month to be effective in that month. Otherwise, the contribution request will be effective in the following month.

I hereby certify that I have read and understand the terms stated above and that I understand it is my responsibility to seek qualified tax advice regarding the implications of any voluntary salary reductions and any employer contributions to my retirement plan.

Participant Signature:

Date:

DD-MM-YYYY