THE
SCRIPPS
RESEARCH
INSTITUTE

TSRI DEFERRED COMPENSATION PLAN (457(b))

Name: ___________________________ Employee ID#: ___________________________
Mail Drop: ___________________________ Work Phone: ___________________________

Normal Retirement Age
You must elect a Normal Retirement Age if you are eligible for the catch-up provision. You will be eligible for the catch-up provision within the 3 years prior to your Normal Retirement Age if you did not elect the maximum contribution in a given year.

I elect my Normal Retirement Age as: ___________________________
Must be within 65 – 70½ years of age
(irrevocable decision)

Catch-up Contributions

catch-up deduction amount per pay period: ___________________________

Salary Reduction Agreement: Beginning with the effective date indicated, I hereby agree to reduce my salary received from my employer as indicated, and my employer agrees to contribute such amounts to the accounts, described on the enrollment form. I agree that this Salary Reduction Agreement is binding with respect to wages earned while it is in effect. I understand that this agreement may be canceled or suspended at any time and that I can change the dollar amount of contribution on this agreement one time each calendar quarter. I further understand that my rights to the accounts maintained for me will be non-forfeitable at all times. This Salary Reduction Agreement, when considered with any other Salary Reduction Agreement made with this employer under Code section 457(b) during the same calendar year, cannot allow contributions under the Plan which would exceed the lesser of (1) the applicable dollar limit under Code section 457(b) ($18,500 for 2018), or (2) 100% of my compensation, subject to the special catch-up provision within the three year period preceding my Normal Retirement Age. Designation of my Normal Retirement Age is irrevocable.

Participant’s Signature: ___________________________ Date: ___________________________
TSRI Signature: ___________________________ Date: ___________________________

Please return to TSRI Human Resources Department, Mail Drop SP211 or by fax to (858) 784-8071

INTERNAL USE: PPOL: ___________________________ BY: ___________________________ cc Payroll: ___________________________
Pay Period Begin: ___________________________ Pay Period End: ___________________________