

SIMPLE IRA – Salary Reduction Agreement Form

Employee Informa	tion	
Participant Name		Birth Date
Address		Hire Date
Address		
City/State/Zip		
	ay make, change or modify e, and annually thereafter.	his/her salary reduction election during the 60-day period, which is the date the The employer may allow other salary reduction election periods as outlined in the
Maximum Salary F The maximum contribution for each calendar year:		ay defer is limited to the lesser of 100% of earned income up to the contribution limit
Contribution Year	Contribution Limit	Catch-up Contribution for employees age 50 or older
2024	\$16,000	\$3,500
2025	\$16,000*	\$3,500*
*The 2025 limit may be increased	by the IRS (for cost of living) in the	he Fall 2024.
		deferral and catch-up contributions may be increased to 110% of the normal limits. The conditions include, erating, and a requirement of a higher employer matching or non-elective contribution for employers with
Employees who defer sala to a maximum deferral lim		irement plans (such as 401(k) or 403(b)) during the same calendar year are subject
Contribution Year	Contribution Limit	Catch-up Contribution for employees age 50 or older
2024	\$23,000	\$7,500
2025	\$23,000*	\$7,500*
*The 2025 limit may be increased	by the IRS (for cost of living) in the	he Fall 2024.
		deferral and catch-up contributions may be increased to 110% of the normal limits. The conditions include, erating, and a requirement of a higher employer matching or non-elective contribution for employers with
If the employee chooses to	defer salary, the employee	must provide the salary deferral elections to the employer.
Salary Reduction Election	on for	SIMPLE IRA
		(Business Name)
☐ I elect to STOP or DO	NOT wish to make salary	reduction contributions into the SIMPLE IRA Plan.
		to the SIMPLE IRA subject to the terms and conditions of the Plan. the amount and/or percentage as indicated below.
Pay Period: ☐ Each pay period		
Other:(specify)	pay period(s)	
Contribution Type ☐ Salary Deferral	:	☐ Catch-up Deferral (must be age 50 or older in contribution year)
% of pay OR \$	dollar amoun	t% of pay OR \$dollar amount
	ry reduction contributions v	will start as soon as permitted under the SIMPLE IRA Plan and as soon as to begin salary reduction contributions is

Note: This form should be retained by the employer – Do not mail to Edward Jones.



Financial Institution Information

Eligible Employee's Signatu		
	ces any earlier agreement and will remain in effect as lo ovide my employer with a request to end my salary reduced ander the SIMPLE IRA Plan.	
Branch City, State & Zip:		
Branch Address:		
Financial Institution's Name:		
Account Number:		

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