

Massachusetts Institute of Technology — 457(b) Deferred Compensation Plan 2024 Voluntary Compensation Deferral Agreement*

Employee Name:		
MIT ID:	Phone:	Date of Birth:
election will begin n		errals. See next page for instructions. This were eligible in 2023 and wish for your its@mit.edu.
Please elect one of	the three deferral election options bel	ow:
1. Please indica	te the dollar amount you would like withh	neld from each semi-monthly paycheck.
Regular semi-	-monthly deferral amount: \$	(the 2024 maximum is \$23,000 annually).
	If you prefer to spread the \$23,000 maximum contribution evenly throughout your remaining semi-monthly paychecks in 2024, check the box below.	
	ring this box, I am electing to spread to out any of my remaining 2024 semi-mo	he \$23,000 maximum contribution evenly onth pay periods.
complete opti		you want to elect a catch-up contribution, do not Benefits at benefits@mit.edu , or 617-253-6151 and appropriate salary deferral form.
website after MIT co	nrolling in the MIT 457(b) Plan for the first a nfirms your enrollment in the Plan. Please to register online, so that you may elect yo	look out for a follow up email from MIT with
	nade between the Massachusetts Institu nployee, the parties hereto agree as follo	te of Technology (the "Employer") and the ows:
execution of this Agree amount shall not excee Employer will contribut	ement, the Employee's compensation will be applicable limitations of Internal Rev	renced date(s), which is subsequent to the per reduced by the amount indicated above; such by yenue Code Section 457(b). At the same time, the r's 457(b) Deferred Compensation Plan, under approved by the Employer.
amounts paid while thi first day of any month amount will be in effe	s Agreement is in effect. Either party may by executing a new Agreement no later tha ect until such time as the eligible Emplo Amounts deferred under this Agreement w	the Employer and the Employee with respect to modify or terminate this Agreement effective the an the end of the prior month. The deferral yee executes a new Voluntary Compensation rill remain the property of MIT and will be subject to
Signatures		
	box and electronically signing this Reg, and will have the same validity and	elease, I acknowledge that my e-signature wil effect as my manual signature.
I understand that amo subject to MIT's credi		ent will remain the property of MIT and will be
Employee's Signature		Today's Date
For the Massachuset	ts Institute of Technology:	
	5 <i>,</i>	Authorized Signature



Instructions and Important Information

2024 Annual Maximum: \$23,000

Special Catch-Up Contributions: If you turn age 62, 63, or 64 in 2024, you may be eligible to make a catch-up contribution in addition to your regular deferral; please see page 5 in the 2024 457(b) Program Description. Your catch-up contribution is the lesser of:

- 1. Twice the normal annual limit for the year, or
- 2. The annual limit for the year, plus any underutilized 457(b) Plan contributions for all prior years when you were eligible to contribute to the 457(b) Plan, but contributed less than the maximum allowed.

Maximum Amount of Compensation Deferral

If you elect a large monthly compensation deferral, please note that payroll deductions such as income tax and Social Security taxes, health insurance premiums, and 401(k) Plan contributions will be made before your 457(b) Plan deferral. As a result, the amount of your compensation deferral may be less than you elected.

To CHANGE Your Compensation Deferral

Complete this Agreement by entering your new monthly compensation deferral. The change will be effective no earlier than the 1st of the month following the month it is executed and received by MIT Benefits.

To STOP Your Compensation Deferral

Complete this Agreement by entering "ZERO" as your new monthly compensation deferral. The change will be effective no earlier than the 1st of the month following the month it is executed and received by MIT Benefits.

Deadline

Your agreement will be effective **no earlier** than the 1st of the month following the month in which it is executed and delivered to MIT Benefits and remain in effect until you submit a new *agreement*. Please keep a copy for your records.

If you have questions about how the Plan applies to you, please contact MIT Benefits:

By email: benefits@mit.edu
On campus: 617-253-6151
At Lincoln Laboratory: 781-981-7067

Online: hr.mit.edu/benefits/457b

If you have questions about investment or withdrawal options, please contact TIAA-CREF:

By telephone: 800-842-2776
Online: www.tiaa.org

NOTE: You are responsible for notifying both MIT and TIAA-CREF of any change to your mailing address.

Please return your completed form by filling out and signing this form within DocuSign.