

FRANCISCAN UNIVERSITY OF STEUBENVILLE  
403(B) PLAN  
WAGE DEFERRAL AGREEMENT

By this AGREEMENT, made between Charles Stephen Haggard (employee) and Franciscan University of Steubenville (employing institution), the parties hereto agree as follows:

1. The amount of my salary reduction shall be:

**(a) MATCHING Retirement Contribution:**

You are hereby authorized to reduce my regular base monthly wages by 5% each pay period for contribution to the Franciscan University of Steubenville 403(b) Plan. The allocation of this 5% contribution shall be as follows:

0 % for contribution on a regular pre-tax elective deferral basis  
+ 100 % for a Roth Contribution on an after tax basis  
= 100% - TOTAL Contribution

**(b) SUPPLEMENTAL Retirement Contribution:**

In addition to the amount designated in (a) above, you are hereby authorized to reduce my regular base monthly wages each pay period for contribution to the Franciscan University of Steubenville 403(b) Plan, by:

\$ 0 for contribution on a regular pre-tax elective deferral basis  
\$ 0 for a Roth Contribution on an after tax basis  
= \$ 0 TOTAL contribution per pay period

The combined amount entered for regular elective deferrals and Roth contributions may not be more than 100% of your compensation. The IRS maximum for pre-tax regular elective deferrals and after-tax Roth contributions in 2025 is \$23,500. However, if you are age 50 or over, or have over 15 years of service with Franciscan University, you may be eligible to defer additional amounts. Please see Human Resources with any questions regarding withholding amounts.

2. I understand that I may elect to start, increase or reduce my elections effective as of the dates established pursuant to Plan Administrator procedures. However, I may revoke my election at any time by so advising the Plan Administrator. If I revoke my election, I may resume contributions under the terms specified herein.

3. I understand that I must give the Plan Administrator at least 15 days written notice of any change or revocation of an election.
4. I understand that the election indicated on this agreement will continue into succeeding Plan Years unless I revoke or change the election in accordance with the rules listed herein.
5. I understand that this agreement supersedes and nullifies any prior wage deferral agreements under this Plan.
6. The election indicated on this form is effective for the first pay period beginning on or after February 6, 20    .

By: \_\_\_\_\_ Dated: \_\_\_\_\_  
Employee signature

+++++

I do not wish to participate in wage deferrals to the Plan at this time.

By: \_\_\_\_\_ Dated: \_\_\_\_\_  
Employee signature

+++++

Employing Institution:

Franciscan University of Steubenville

By: \_\_\_\_\_ Dated: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_