

SIMPLE IRA – Salary Reduction Agreement Form

Employee Informa	ation	
Participant Name		Birth Date
Address		Hire Date
Each eligible employee m employee becomes eligible	-	y 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
•	Reduction Allowed on amount an employee ma	ay defer is limited to the lesser of 100% of earned income up to the contribution limit
Contribution Year	Contribution Limit	Catch-up Contribution
2024	\$16,000	Age 50 or above \$3,500
2025	\$16,500*	Ages 50-59 \$3,500* Ages 60-63 \$5,250* Ages 64 and older \$3,500*
employees. Employees who defer sal to a maximum deferral lin Contribution Year		tirement plans (such as 401(k) or 403(b)) during the same calendar year are subject Catch-up Contribution
2024	\$23,000	Age 50 or above \$7,500
2025	\$23,500*	Ages 50-59 \$7,500* Ages 60-63 \$11,250* Ages 64 and older \$7,500*
*The 2026 limit may be increase	d by the IRS (for cost of living) in	the Fall 2025.
		ontributions may be increased to 110% of the normal limits. The conditions include, but are not limited to, ment of a higher employer matching or non-elective contribution for employers with more than 25
If the employee chooses to	o defer salary, the employee	e must provide the salary deferral elections to the employer.
Salary Reduction Electi	on for	SIMPLE IRA
I alast to STOR or DO	NOT wish to make colony	(Business Name)
I elect to MAKE salary	y reduction contributions in	reduction contributions into the SIMPLE IRA Plan. Into the SIMPLE IRA subject to the terms and conditions of the Plan. Ithe amount and/or percentage as indicated below.
Pay Period:	<i>y</i> 1: <i>y</i>	
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 amount

_% of pay **OR** \$_____dollar amount

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



Date Salary Reduction Begins

understand that my salary reduction contributions will start as soon as permitted under the SIMPLE IRA Plan and as soon as
administratively feasible. Date of first payroll period to begin salary reduction contributions is

Financial Institution Information		
Account Number:		
Financial Institution's Name:		
Branch Address:		
Branch City, State & Zip:		
Duration of Election		
This Salary Reduction Agreement replaces any earlier agre under this SIMPLE IRA Plan or until I provide my employer	•	
Salary Reduction Agreement as permitted under the SIMPL		
Eligible Employee's Signature		
Signature:	Print Name:	Date:

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