

1. SALARY REDUCTION CONTRIBUTION ELECTION

Subject to the terms and conditions of the 403(b) plan (Plan) established by:

Employer (Print Name)

I authorize Employer to withhold the following amount from my compensation each pay period and contribute that amount to my Plan account as a salary reduction contribution:

Elect either a percentage or flat dollar amount

☐ _____ % of my compensation per pay period as pre-tax contributions

or

☐ \$ _____ from my eligible compensation per pay period as pre-tax contributions

(To terminate agreement and stop Salary Reduction contributions enter 0% or \$0.00)

2. ELECTION EFFECTIVE DATE

I authorize Employer to begin withholding salary reduction contributions from my pay in the amount elected above and contribute those amounts to my Plan account beginning with the pay period containing the following date, or as soon as administratively feasible thereafter:

Effective Date: _____ (MM/DD/YYYY)

3. MAXIMUM SALARY REDUCTION CONTRIBUTION

If you are under 50 years of age at the end of 2025: The maximum contribution that you can make to the Plan is the smaller of \$23,500 or the amount of your taxable compensation for 2025. This limit can be split between pre-tax and after-tax Roth contributions but the combined limit is \$23,500.

If you are 50 years of age or older by the end of 2025: The maximum contribution that you can make to the Plan is the smaller of \$31,000 or the amount of your taxable compensation for 2025. This limit can be split between pre-tax and after-tax Roth contributions but the combined limit is \$31,000.

Contribution limits may be adjusted annually: The Internal Revenue Service (IRS) may increase the salary reduction contribution limits each calendar year to reflect cost-of-living increases.

If you have 15 years of service with a qualified organization: Subject to the terms of the Plan, the maximum amount that you can contribute to the Plan based on your age as described above may be increased up to \$3,000 subject to the total amount of salary reduction contributions made to the Plan in the past. A qualified organization means any educational organization, hospital, home health service agency, health and welfare service agency, church or convention or association of churches.

4. EMPLOYEE ACKNOWLEDGEMENT

- I authorize Employer to remit the contribution amount designated above as salary reduction contributions to the 403(b) plan established by Employer.
- I acknowledge this Agreement will take effect as of the beginning of the pay period containing the effective date above or as soon as administratively feasible thereafter, and will remain in effect until I change (revoke or modify) it.
- I acknowledge this Agreement applies only to compensation not yet paid or made available to me.
- I acknowledge that Employer does not warrant the performance or the appropriateness of any investment or the tax consequences or excludability and will not be responsible for any penalties or tax consequences resulting from this Agreement.
- I acknowledge that nothing in this Agreement will be deemed to constitute an employment agreement and nothing contained herein will be deemed to give me any right to be retained in the employ of Employer.

5. EMPLOYEE SIGNATURE

This Salary Reduction Agreement replaces any earlier agreement and will remain in effect as long as I remain an eligible employee under the Plan or, if earlier, I revoke or modify this Agreement by providing a revised Salary Reduction Agreement to Employer.

Employee (Print Name)

Social Security Number or Tax ID

Employee Signature

Date

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