2008 Salary Reduction Agreement
Supplemental Retirement Plan 403(b) (101301)

Type of Enrollment: ____ New Enrollment ____ Change **Pay Period** ____ Monthly ____ Weekly
(Please note: New Enrollments must be accompanied by fund sponsor(s) enrollment form)

By this agreement, between the employee _____ and the Corporation,
(Please print your name)
Fermi Research Alliance, LLC, the parties agree as follows:

Effective _____, I hereby request Fermi Research Alliance, LLC, to reduce my taxable salary and make a tax-deferred contribution of:
The maximum 403(b) contribution for 2008 is $15,500

$_____ per Pay Period OR _____% of Total Pay

Catch Up Contribution (403C)
The maximum catch-up contribution for 2008 is $5,000
If you are age 50 or older, or will become age 50 at any time during 2008, you can make an additional catch-up contribution of up to $5,000. (Please note: you must contribute the 403(b) maximum amount and meet the age requirement to be eligible to contribute the additional catch-up amount.)
Please provide your Date of Birth (mm/dd/yyyy) _____

$_____ Annual Contribution

$_____ Amount per Pay Period

Complete this section only if this is a New Enrollment or you are changing your investment allocation.

Be sure to complete a plan sponsor enrollment form.
Please direct my contributions to the following option(s): Please use whole percentages (must equal 100%)

(006) TIAA-CREF Retirement Annuity _____%
Only available to employees who were enrolled prior to March 1, 1989

(005) TIAA-CREF Supplemental Retirement Annuity (SRA) _____%

(007) Dreyfus Funds _____%

(004) T. Rowe Price Funds _____%

(001) Fidelity Group Funds _____%

This agreement shall be legally binding and irrevocable for both parties with respect to amounts paid while employment continues. However, either party may terminate or otherwise modify this Agreement as of the end of any month or pay period by giving at least thirty days written notice, so that this Agreement will not apply to salary subsequently paid.
This agreement will supersede and cancel any prior salary reduction agreement that may have been in effect for me.

By_____ Signed this day_____
(Employee's Signature) (Emp. No.) Date (mm/dd/yyyy)

By_____ Signed this day_____
(For Fermi Research Alliance, LLC) Date (mm/dd/yyyy)