

Participant Benefits Enrollment Guide

2024



ASSOCIATION OF INTERNATIONAL
AGRICULTURAL RESEARCH CENTERS

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ABOUT THIS GUIDE

Welcome to AIARC Benefits! This guide provides you with information about the various benefits administered by the [Association of International Agricultural Research Centers \(AIARC\)](#) on behalf of its member Centers.

This guide also provides you with information about the forms that are required to be completed to enroll you in the benefits for which you are eligible. It is very important that you complete and return the forms to AIARC as soon as possible. Otherwise, your benefits will be delayed. These forms can be downloaded and printed directly from the [Benefits Enrollment](#) section on the aiarc.org website. **Please consult with your Center's HR department to confirm which benefits and respective forms are applicable to you based on your designated employment classification.**

EMPLOYMENT CLASSIFICATION AND ELIGIBLE BENEFITS

You are eligible to participate in the International Agricultural Research Centers (IARC) Plan benefits and payroll because you meet the definition of an “Active Employee” based on the employment classification designated for you by your Center. Please refer to the various employment classifications listed below that are considered as an “Active Employee” for [retirement](#) and [insurance](#) eligibility purposes. **Please note that the benefits for which you will be eligible are based on your employment classification. Further, not all employment classifications are eligible to continue certain benefits when terminating employment from a Center. As such, you may not receive all of the benefits described in this guide.** If you are uncertain as to what benefits you are eligible for, please contact the Human Resource (HR) department at your Center to confirm your employment classification.

Employment Classifications for “Active Employees”

- A full-time employee working your Center's normal work week;
- A part-time employee working at least 20 hours per week or 50% of your Center's normal work week and hired to work at the Center for at least one year;
- A long-term consultant contracted to work for a Center for at least a year;
- A short-term employee or consultant contracted to work for a Center less than a year but more than two months;
- A visiting scientist working temporarily at a Center;
- A trainee/student in a Center's training/educational program. Coverage is limited to two months or less; or
- A very short-term employee working at a Center for less than two months.

Disclaimer: This guide is only intended to provide a new Plan participant with jargon-free general information about the various benefit plans administered by AIARC and does not cover every exception or possibility. The information does not in any way override the plan rules and the policy documents between AIARC and the plan providers, which constitute the legal documents that govern the operation of the various benefit plans. The plan rules and policy documents will prevail in the event of any conflict, as the plan rules and policy documents are controlling. Information contained in this guide can change at any time for any reason. Additionally, nothing in this guide should be construed as establishing an employer-employee relationship between a participant and AIARC.

INTRODUCTION

ABOUT AIARC AND BENEFIT PROVIDERS

AIARC is a not-for-profit 501(c)(3) membership corporation, headquartered in Alexandria, Virginia, USA, and was established in 1992 to administer and manage personnel benefits for internationally recruited staff and expatriates working at member Centers.

AIARC provides day-to-day service and support to its member Centers to include financial accounting, recordkeeping, resolution of claim issues, vendor negotiation and management, legal research, and benefit communications. AIARC's activities are governed by a Board of Directors composed of representatives from member Centers. For the benefits for which your Center nominates you, you will deal directly with the following companies chosen by the AIARC Board:

MEDICAL

Cigna International, based in Antwerp, Belgium, provides services for medical, dental, vision, prescription-drug claims, and an international employee assistance program (IEAP) for Plan participants. In the United States, Cigna International partners with Cigna Healthcare to provide the Plan's U.S. Open Access Plan (OAP) network for medical providers and the Preferred Provider Organization (PPO) network for dental providers. Cigna Healthcare also handles claims for outpatient prescription drugs received in the United States.

EMERGENCY MEDICAL EVACUATION, SECURITY AND TRAVEL ASSISTANCE

International SOS, based in Philadelphia, Pennsylvania, USA, handles emergency medical, security, and travel assistance services.

DEATH AND DISABILITY

Utmost Corporate Solutions based in Guernsey, Channel Islands, underwrites the coverage for life, accidental death and dismemberment, and long-term disability insurance.

BUSINESS TRAVEL ACCIDENT

Chubb, based in Warren Township, New Jersey, USA, underwrites the insurance for the employer-sponsored business travel accident insurance benefit.

RETIREMENT

Zurich International Life (Zurich), based in Douglas, Isle of Man, provides the International Retirement platform for non-U.S. taxpayers via the IARC Retirement Plan Trustee located in Guernsey, Channel Islands.

Vanguard, based in Valley Forge, Pennsylvania, USA, provides the IARC 403(b) U.S. Retirement Plan platform for U.S. taxpayers.

PARTICIPANT ACCOUNT SET UP

FORMS TO COMPLETE

You will need to complete the respective enrollment forms for the benefits that you have been authorized to receive from your Center. Please confirm with your Center your employment classification and the respective benefits for which you are eligible. The following forms are required from all participants in order for AIARC to provide any benefit:

Contact Details and Security Information Form — This form provides AIARC with your contact information in case of an emergency and with security information which helps prevent unauthorized access to your AIARC Participant Account.

Tax Residency Declaration Form — This form is used to declare your country of legal tax residency to ensure that the appropriate payroll, retirement, and insurance accounts are established based on your citizenship and taxpayer status. This form will be shared with governmental tax authorities for anti-money laundering (AML) purposes, if requested. As such, your declaration on this form is considered a legal statement. ***It is your legal responsibility to notify AIARC of any changes of residency or taxpayer status.***

Passport/Official Photo Identification — Please make a copy of your valid passport or official government-issued photo identification and submit it with the required forms. *Please make sure that the copy clearly displays your photo, document title, issuing authority, document number, expiration date (if any), and your hand-written signature.*

Signature — When completing your forms, it is highly recommended that you provide a wet signature (handwritten with a pen) as another means for security verification. If you cannot provide a wet signature, you can provide your digital signature on the condition that the digital signature matches the signature on your government-issued identification. If your governmental issued identification does not contain a signature page, you can write and print your signature on a white blank piece of paper, take a photo of both the written and printed signatures with your smartphone, and send a copy of the photo with your enrollment forms.

The next page lists the forms that you will be required to complete to enroll in the various AIARC benefits. Depending on your employment classification designated by your Center, you may not be eligible to enroll in all benefits. Before completing the forms, please confirm with your Center the benefits for which your employment classification is eligible to enroll.

Please note that if you do not complete and return these forms to AIARC, your account cannot be established, and your benefits will be delayed.

PARTICIPANT ACCOUNT SET UP

FORMS TO COMPLETE CHECKLIST

Please make sure that the following forms that are applicable to you are completed and returned to AIARC as soon as possible so that your benefits will not be delayed. **Please consult with your Center's HR department to confirm which benefits you are eligible for based on the employment classification designated by your Center.**

- **PARTICIPANT ACCOUNT SETUP (REQUIRED FOR ALL PARTICIPANTS)**
 - ☐ Contact Details and Security Information Form
 - ☐ Tax Residency Declaration Form
 - ☐ A Copy of Passport or Government-Issued ID
- **IARC INSURANCE PLAN ENROLLMENT**
 - ☐ IARC Insurance Plan Enrollment Form (must be signed by both employee and Center)
 - ☐ Beneficiary Designation Form (if eligible for Death and Disability Coverage)
 - ☐ Personal History Questionnaire (if your salary is US\$300,000 per year and above)
- **OFFSHORE RETIREMENT PLAN ENROLLMENT**
 - ☐ Offshore Retirement Plan Enrollment Form – Zurich
- **U.S. RETIREMENT PLAN ENROLLMENT**
 - ☐ U.S. Retirement Plan Enrollment Form – Vanguard
 - ☐ 403(b) Salary Reduction Agreement Form
- **PAYROLL ACCOUNT SETUP**

(NOTE: These forms are required only if AIARC processes payroll for your Center)

 - ☐ Payroll Deposit Authorization Form
 - ☐ Bank Statement or Bank issued Document (A copy showing employee's name and bank account number)
 - ☐ Payroll Deduction Authorization Form (must be signed by both employee and Center)
- **U.S. TAXPAYER PAYROLL FORMS (IF APPLICABLE)**
 - ☐ Form W-4
 - ☐ Form 673

These forms can also be downloaded and printed directly from the [Enrolling in AIARC Benefits section](#) in the aiarc.org website.

ENROLLMENT

The IARC Medical Plan is a comprehensive medical plan that includes medical, dental, vision, prescription drugs, and an international employee assistance program (IEAP).

Please consult with Center HR to confirm if your employment classification is eligible to participate in the IARC Medical Plan. To enroll yourself and your eligible dependents, you must complete the [IARC Insurance Plan Enrollment Form](#). For more information about eligibility, coverages, and copays, refer to the [IARC Medical Plan Brochure](#) on the aiarc.org website.

The medical plan is administered by Cigna International. In the United States, Cigna Healthcare provides the Plan's U.S. Open Access Plan (OAP) network for medical providers and the Preferred Provider Organization (PPO) network for dental providers. Cigna Healthcare also handles claims for outpatient prescription drugs received in the United States.

CIGNA PERSONAL WEBPAGE

To manage your medical care, you will need to activate your **Cigna Personal Webpage** at [Cigna Health Benefits](#). From your personal webpage, you can print insurance cards for yourself and your eligible dependents, find network providers, and submit claims. To activate your Cigna Personal Webpage, please refer to the Cigna FAQ instructions at [Need help logging in | Cigna \(cignahealthbenefits.com\)](#).

You can also access your Cigna Personal Webpage from your smart phone or tablet by downloading the [Cigna Health Benefits App](#) from the Apple store or Google Play store.

TELEHEALTH SERVICE & EMPLOYEE ASSISTANCE PROGRAM

[Cigna's Telehealth Service](#) provides you with access to doctors worldwide by phone or video for non-emergency health issues and prescriptions. This service saves you time because you do not have to leave your house and saves you money because deductibles and co-insurance payments do not apply when using the telehealth service.

You can also access the [International Employee Assistance Program \(IEAP\)](#) using the Wellbeing App. The IEAP provides you with access to professional counselors around the world to discuss issues that you may be facing to balance your personal and work life.

To use the Cigna Telehealth service, you will need to [download the Cigna Wellbeing App](#) to your smart devices from the Apple App StoreSM or Google PlayTM for Android. To learn more about Telehealth, please refer to the [Wellbeing App Guide](#).

For more information on Cigna's Telehealth and IEAP, please refer to the [Wellbeing App and International Employee Assistance Program \(IEAP\)](#) in the Medical section on the www.aiarc.org website.

EMERGENCY MEDICAL, SECURITY, AND TRAVEL ASSISTANCE

If you are an “Active Employee” of a Center and are enrolled in the IARC Medical Plan, you and your respective dependents are eligible for emergency medical, security, and travel assistance services provided by International SOS. Eligibility for certain services is also based on citizenship and location. *For example, International SOS will not evacuate citizens from their home countries in the event of a security issue.*

Please note that for insurance reimbursement purposes, the definition of an emergency medical evacuation is a situation which arises suddenly or unexpectedly, and if left unattended for less than 48 hours, could result in loss of life or deterioration of the individual’s permanent medical condition, and the individual must be transported to the nearest hospital where appropriate medical care and treatment can be provided. The Medical Evacuation or Repatriation must be ordered by an International SOS Medical Physician.

To contact International SOS in an emergency, it is recommended that you download the free [Intl.SOS Assistance App](#) on your smartphone to quick-dial the nearest International SOS Assistance Center. **To access the International SOS App, you will need to create an account using the AIARC Membership Number 11BCMA612778, Center name, and work email address.** For downloading and using the ISOS Smartphone Assistance App, refer to the instructions on the [Assistance App Quick User Guide for Smartphones](#).

Using the International SOS App login credentials as mentioned above, you can access the International SOS Member Portal at

<https://myportal.internationalsos.com/MemberExperienceLogin/Login> to:

- Download an electronic copy of the membership card and keep a copy in your wallet or luggage.
- Sign up for email alerts to receive updates on medical and security risks for travel destinations. For instructions on signing up for the email alert subscription, please refer to the [Security Email Alerts Guide](#).
- Check travel security online reports to receive updates on recommended pre-trip vaccinations, common diseases, clinics, hospitals, and embassy locations, visa information, food, water, and other in-country safety tips.

When an emergency happens, call the 24-hour assistance center direct line at +1-215-942-8226 by placing a collect call or call the nearest International SOS Assistance Center listed on your International SOS Membership Card or the smartphone App.

For more information on eligibility and coverage details, please refer to the [Intl.SOS Emergency Medical](#) section of the www.aiarc.org website.

DEATH AND DISABILITY

ENROLLMENT

Coverages for life, accidental death and dismemberment, and long-term disability are provided through Utmost Corporate Solutions. If your employment classification is eligible for this benefit, please complete the [Beneficiary Designation Form for the IARC Insurance Plan](#) to ensure that your desired beneficiaries receive the financial benefit in the event of your death.

LIFE INSURANCE

Depending on the [employment classification](#) designated for you by your Center, Life insurance provides a death benefit of a multiple of 3 or 5 times your annual base salary, rounded to the next higher \$1,000 USD, or a flat fixed amount of \$50,000 or \$100,000. If your salary is below \$300,000, you will be automatically insured for the full coverage amount, without the need for any medical questionnaire or underwriting tests. If your salary is \$300,000 and above, you are required to submit a [Personal History Questionnaire \(PHQ\)](#) to the insurer to approve the coverage, which is in excess of the free cover limit of \$1.5 million. (e.g., \$300,000 at 5× times coverage).

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

Accidental Death and Dismemberment insurance is available in the event of an accidental death or dismemberment. Depending on your [employment classification](#) designated by your Center, the amount of this benefit is a multiple of 3 or 5 times your annual base salary, rounded to the next higher \$1,000 USD, or a flat fixed amount of \$50,000 or \$100,000. This benefit also covers your spouse and eligible children on a prorated basis (50% of coverage for spouse and 5% for a child).

In the event you suffer an injury or disabling loss (dismemberment) due to an accident, at the approval of the insurer, you will receive a lump sum payment based on the underwriter's payout schedule for the type of accident incurred.

LONG-TERM DISABILITY (LTD)

If your employment classification is designated as a full- or part-time employee, you are eligible for the Long-term disability benefit. Long-term disability is a monthly financial benefit payable to you in the event (due to either sickness or accident) in which you are totally unable to perform your usual occupation and, after 30 months, any occupation. The amount of the benefit is 70% of your monthly salary earned prior to the disability less any other benefit payable. If your salary is \$300,000 and above, you are required to submit a [Personal History Questionnaire \(PHQ\)](#) to the insurer.

If you are required to complete the PHQ, you can download the questionnaire from the aiarc.org website under the death and disability section. ***Please send the completed PHQ (make sure that it is signed and dated) to Utmost by email or postal mail as instructed on the questionnaire. Please note that if you do not send the PHQ to Utmost within 180 days of eligibility, your coverage will be restricted to the free cover limit.***

For more information, please refer to the [IARC Death and Disability Benefit Plan Booklet](#) on the aiarc.org website.

DEATH AND DISABILITY

BUSINESS TRAVEL ACCIDENT

The Business Travel Accident (BTA) insurance provides for financial benefit in the event of an employee's death resulting from an accident during employer-sponsored overnight business travel. This policy is underwritten by Chubb Group of Insurance Companies.

If you are an Active Employee of a Center and are enrolled in the IARC Insurance Plan, you are eligible for coverage under the Business Travel Accident Policy.

The BTA benefit provides life coverage in the amount of 3 times salary up to a maximum payout of \$1.2 million per employee or a payout of \$50,000 or \$100,000 for short-term employees and consultants. However, in the case of multiple deaths in the same incident, the maximum payout is limited to \$15 million in total for the entire incident. If the sum of all the life benefits in that incident exceeds the maximum payout limit of \$15 million, each insured's payout will be determined proportionally based on the sum of all the salaries.

For more information, please refer to the [Business Travel Insurance Frequently Asked Questions](https://www.aiarc.org/business-travel-insurance-frequently-asked-questions) on the www.aiarc.org website.

RETIREMENT

ENROLLMENT

You generally become eligible to participate in the retirement plan on the first day of your employment. However, you will not be allowed to enroll in the plan until you have completed the [Tax Residency Declaration Form](#). Your declaration on this form will determine the appropriate retirement plan (offshore plan or U.S. plan) in which you will be enrolled, and your declaration is considered a legal statement that may be shared with governmental jurisdictions and tax authorities.

OFFSHORE RETIREMENT PLAN

If your Tax Residency Declaration Form indicates that you are a **non-U.S. taxpayer**, you will be enrolled in the IARC Offshore Retirement Plan administrated by Zurich International. To be enrolled in the Plan, you are required to send a completed and signed copy of the [Offshore Retirement Plan Enrollment Form](#) to your Center's AIARC Coordinator. **If this form is not completed and signed, your retirement contributions will be delayed.**

Your Center will contribute a monthly amount based on the Center's sponsorship agreement with the Plan Administrator. You may also make voluntarily contributions to your retirement account by completing "Section 3: To start making voluntary (employee) contributions" of the [Offshore Retirement Plan Enrollment Form](#).

Please note that your first retirement contribution will be invested in the plan's default Target Retirement Fund (TRF), which is a diversified investment (bonds and stocks) fund based on when you turn age 65. The TRF automatically rebalances the percentage allocation of the fund to investments that are considered to have less risk as you near age 65. You can change from the default Target Retirement Fund (TRF) to another fund option at any time after your first contribution is deposited into your Zurich retirement account (ZIO) by logging into your [ZIO account](#). You can learn more about the Target Retirement fund (TRF) by reviewing the [TRF Guide](#) and [TRF website](#) and learn information about investing in the ZIO Resource Center and in the [IARC Plan Investment Guide](#).

To ensure that your desired beneficiaries receive your retirement account benefit in the event of your death, you will need to enter your beneficiaries in your Zurich International Online (ZIO) account. To learn how to activate your ZIO account and designate your beneficiaries in your ZIO account, refer to the instructional demo videos *Logging into ZIO* and *Getting Started in ZIO* in the [ZIO Member Video Library \(ziinfosite.com\)](#).

To find information about the IARC Plan rules on eligibility, vesting, voluntary contributions, fund investment options, withdrawal eligibility and Anti-Money Laundering (AML) requirements, refer to the [IARC Retirement Plan Participant Guide](#).

For more information refer to the [Frequently Asked Questions about IARC Offshore Retirement Plan](#) on the aiarc.org website.

RETIREMENT

U.S. RETIREMENT PLAN

If your [Tax Residency Declaration Form](#) indicates that you are a **U.S. taxpayer**, you will be enrolled in the IARC U.S 403(b) Retirement Plan administrated by [Vanguard](#). Please note that Vanguard requires a wet signature on the [Vanguard Retirement Plan Enrollment Form](#) to enroll you in the retirement plan. Your Center will contribute a monthly amount based on the Center's sponsorship agreement with the Plan Administrator.

You may also make voluntarily contributions to your retirement account by completing the [403\(b\) Salary Reduction Agreement Form \(SRA\)](#). Please note that U.S. retirement plans have regulations on the maximum amounts that can be contributed in a calendar year. Please refer to the [Retirement Topics 403b Contribution Limits | Internal Revenue Service \(irs.gov\)](#).

After you are enrolled in the retirement plan, you can change your personal details, investment choices, and beneficiaries at any time by logging into your Vanguard personal account at [Retirement plan log in | Vanguard](#). You can activate your Vanguard personal account by following the instructions in the [Vanguard website](#).

For more information on plan rules, platform functionality, and investment fund offerings, please refer to the [Frequently Asked Questions section of the U.S. Retirement Plan](#) on the [aiarc.org](#) website.

PAYROLL

APPLICABLE ONLY IF AIARC PROCESSES PAYROLL FOR YOUR CENTER

ENROLLMENT

Upon your employment, your Center will notify you if your salary payment is processed through AIARC. To receive your salary payment from AIARC, please complete the [Payroll Deposit Authorization Form](#) and include a copy of your bank statement or voided check. If you do not complete this form and return it in a timely manner, your salary payment will be delayed.

PAYROLL DEPOSIT AUTHORIZATION FORM

The [Payroll Deposit Authorization Form](#) provides the banking instructions to deposit your salary payment to your bank account. Your choices for direct deposit are ACH for U.S. bank accounts or an international electronic wire transfer for banks located outside of the U.S. You are allowed up to two banks to receive your salary payments. There is no charge by AIARC for the setup and maintenance for the direct deposit (ACH) network in the United States, and there is no charge to you for the first international wire transfer because your employer pays the wire fee. However, there is a USD 17.50 monthly service charge for the second international wire, and it will be deducted from your monthly salary. Please note that there may be additional fees charged by your intermediary or beneficiary bank which are outside of AIARC's and your employer's control and for which you are solely responsible.

MONTHLY SALARY PAYMENT

As the payroll provider for your Center, AIARC will process salary payments once a month. Your Center will authorize the amount of salary in accordance with your employment contract with the Center.

Your salary payment will be issued in U.S. dollars (USD). If you have a non-USD bank account, it is very important that you verify with your bank that it will accept and can convert USD and that your bank provides you with the correct intermediary bank details in order to expedite the currency conversion. It is highly recommended that you correspond with an individual at your bank who is responsible for handling wires, so you receive the correct information.

Please note that your bank or its beneficiary bank may charge a currency conversion fee and require additional time to process payments when converting currency. Please verify with your bank if these fees will apply because you will be responsible for these fees, not AIARC or your Center.

If you do not have a bank account in US dollars (USD) to receive your payment, you can request AIARC to convert the currency. Please contact your Center's AIARC Coordinator for currencies available and an estimated exchange rate.

Your salary payment will be disbursed on the last business day of each month. The last business day of a month is considered to be the last normal and customary workday in the Commonwealth of Virginia, USA. AIARC will endeavor to process payroll so that your salary payment will be deposited to your bank account by the last business day of the month. However, AIARC cannot be responsible for unforeseen processing or banking delays, such as issues with your beneficiary or intermediary banks or bank holidays in other countries.

PAYROLL

APPLICABLE ONLY IF AIARC PROCESSES PAYROLL FOR YOUR CENTER

If AIARC is notified of your employment after the payroll cutoff date, you will receive your first payment at the end of the next month following your date of employment, provided that AIARC has received your enrollment forms by the payroll cutoff date for that month.

To learn more about setting up your bank account and the common issues with banking, please refer to the [Frequently Asked Questions about Payroll](#) on the AIARC.org website.

ALLOWANCES AND DEDUCTIONS

In addition to your base salary, your Center may pay allowances such as auto, post differentials, housing, education, and so forth. If you are to receive an allowance through AIARC, it will be included in your salary payment when AIARC is notified by your Center.

To authorize deductions from your monthly pay for loans, auto, housing, and so forth, you and your Center must complete the [Payroll Deduction Authorization Form](#).

ONLINE PAYSTUB

To view and print your monthly paystubs, you will need to register for your personal account on the [AIARC Member Web Portal](#) by following the instructions in the [AIARC Member Web Portal Login Guide](#) on the aiarc.org website. A [sample AIARC paystub](#) can be found on the aiarc.org website that explains your monthly earnings.

You can download and save your paystub from your personal account on the AIARC Member Web Portal at [benefits.aiarc.org](#). Paystubs are only available for up to 12 months.

TAX WITHHOLDING FOR U.S. CITIZENS AND PERMANENT RESIDENTS

If you are a U.S. citizen or resident alien living outside the United States, your worldwide income is subject to U.S. income tax, regardless of where you live. Taxes must be paid as you earn or receive income during the year, either through withholding or estimated tax payments. If you did not pay enough tax throughout the year, either through withholding or by making estimated tax payments, you may be subject to a penalty for underpayment of estimated tax.

Generally, most taxpayers will avoid this penalty if they owe less than \$1,000 in tax after subtracting their withholdings and credits, or if they paid at least 90% of the tax for the current year, or 100% of the tax shown on the tax return for the prior year, whichever is smaller.

In accordance with the payroll processing agreement with your Center, AIARC will withhold taxes from your monthly salary payment during the year based on the information submitted by you in **Forms W-4, 673, and 403(b) Salary Reduction Agreement (SRA)** at the beginning of the calendar year. These forms allow you to manage the tax amount withheld from your monthly salary payment.

The next page describes the general purpose of the required forms: Form W-4, Form 673, and 403(b) Salary Reduction Agreement (SRA).

Please note that if AIARC does not receive the completed forms at the time of your payroll enrollment, AIARC will withhold taxes as if you are single with no withholding allowances, in accordance with the guidelines of the Internal Revenue Service.

Please refer to Internal Revenue Service [Publication 505, Tax Withholding and Estimated Tax](#) for additional information.

U.S. TAXPAYER

APPLICABLE ONLY IF AIARC PROCESSES PAYROLL FOR YOUR CENTER

REQUIRED U.S. TAXPAYER FORMS

FORM W-4 – EMPLOYEE’S WITHHOLDING ALLOWANCE CERTIFICATE

Use [IRS Form W-4](#) to change your marital status, dependents, etc. for withholding, or to claim “exempt” from federal tax withholding. This form is divided into five steps. Please determine if steps two through four apply to you. For information about Form W-4, please refer to the [FAQs on the IRS website at FAQs on the Form W-4 | Internal Revenue Service \(irs.gov\)](#). *Please note that in order to keep your “exempt from withholding” status, you are required by the IRS to complete a new form every year.*

FORM 673 – STATEMENT FOR CLAIMING EXEMPTION FROM WITHHOLDING ON FOREIGN EARNED INCOME

Use [Form 673](#) to determine if you are eligible for an exemption from U.S. income tax withholding on wages earned abroad because of the foreign earned income exclusion and the foreign housing exclusion. This form will guide you through two tests to establish your eligibility for this exemption: 1) the bona fide residence test or 2) the physical presence test.

This form will also indicate the estimated exclusion from taxable income that relates to foreign earned income and foreign housing exclusion. AIARC will use the information in this form to estimate your 2024 foreign earned income exclusion and your foreign housing exclusion. *Please note that you are required by the IRS to complete a new form every year.*

For information about foreign earned income exclusions, please refer to the [Publication 54 \(2022\), Tax Guide for U.S. Citizens and Resident Aliens Abroad | Internal Revenue Service \(irs.gov\)](#).

SEC. 403(B) SALARY REDUCTION AGREEMENT FORM (SRA)

You may be able to reduce your taxable income by making voluntary (employee) contributions to the U.S. Retirement Plan. Use the [SRA Form](#) to authorize a new contribution or to confirm a continued voluntary contribution from your monthly salary payment. *Note: 2024 voluntary contributions are limited to \$23,000 for employees under age 50 and \$30,500 for employees age 50 and above.*

Based on the information that you provide, AIARC will perform the maximum contribution tests to determine if your requested voluntary contribution amount will exceed the allowable limit. For more information about the **2024 limits on retirement contributions**, refer to the [Retirement Topics 403b Contribution Limits | Internal Revenue Service \(irs.gov\)](#).

For more information about these forms, please refer to the [Frequently Asked Questions about U.S. Taxpayer](#) on the [aiarc.org](#) website.

CONFIRMATION OF BENEFITS MEMO

Once you have been enrolled in the IARC benefits and payroll system, you will receive the Confirmation of AIARC Benefits Memo via email from your Center's AIARC Coordinator. Using the instructions from the Benefits Memo, you will be able to register and activate your personal accounts in the [AIARC Member Web Portal](#) to retrieve your monthly pay slips and to manage your various insurance and retirement plan benefits directly on the vendor platforms.

If you do not receive the Confirmation of Benefits Memo, please contact your [Center's AIARC Coordinator](#).

Contact Details and Security Information Form

Please send a signed copy of this completed form to your Center's AIARC coordinator by email.

This form provides AIARC with information to contact you or your emergency contacts in case of an emergency and provides answers to security questions to assist in preventing unauthorized access to your AIARC Participant Account.			
Participant Name: (Surname, First, Middle)			
Have you worked at any Center(s) previously? <input type="checkbox"/> No <input type="checkbox"/> Yes (Name the three most recent Centers with year of separation.)			
Personal Information (Permanent Mailing Address)			
Street Address:			
Town/City:	Region/State:	ZIP/Postal Code:	Country:
Personal Phone:		Personal Email:	
Emergency Contact Information			
1. Name: (Surname, First, Middle)			Relationship:
Street Address:			
Town/City:	Region/State:	ZIP/Postal Code:	Country:
Phone:		Personal Email:	
2. Name: (Surname, First, Middle)			Relationship:
Street Address:			
Town/City:	Region/State:	ZIP/Postal Code:	Country:
Phone:		Personal Email:	
Identity Security Questions – Please answer at least five questions from the list below. If needed, you may write your own identity security questions in the blank space below. AIARC will use these answers to verify that you are in fact the account holder when you change bank accounts or withdraw funds from your retirement account.			
1. In what city or town were you born?			
2. What is your grandmother's first name?			
3. What was the make and model of your first car?			
4. As a child, what did you want to be (job occupation) when you grew up?			
5. In what city or town was your first job?			
6. What was the name of the organization where you had your first job?			
7. What was the name of your primary (elementary) school?			
8. What year did you graduate from secondary (high) school?			
9. What was your favorite subject in secondary (high) school?			
Write your own identity security questions and provide answers for them below.			
1.			
2.			
Participant Signature			Date

Tax Residency Declaration Form

Please send a signed copy of this completed form to your Center's AIARC Payroll and Benefits Coordinator by email.

Complete this form to declare your country of legal tax residency for AIARC to ensure that the appropriate payroll, retirement, and insurance accounts are established based on your legal status. This form is required of all employees and consultants for whom AIARC administers benefits. *Please note that this form will be shared with governmental tax authorities for anti-money laundering (AML) purposes, if requested. As such, your declaration in this form is considered a legal statement.* If you do not complete this form, your benefits may be delayed

Participant Name: (Last, First, Middle as shown on the official document)	Center:
<p>You are considered a U.S. Taxpayer if you are a U.S. Citizen or lawful Permanent Resident Alien living outside or in the U.S. If you are a U.S. citizen or resident alien living outside the United States, your worldwide income is subject to U.S. income tax, regardless of where you are living.</p> <ul style="list-style-type: none">• If you are a U.S. taxpayer, complete Section I.• If you are not a U.S. taxpayer, complete Section II. <p>Please submit a copy of your passport or official photo identification that clearly displays - photo, document title, issuing authority, document number, and expiration date (if any) and your hand-written signature.</p>	
Section I <p><input type="checkbox"/> I hereby certify that I am a United States taxpayer and that my U.S. social security number is correctly stated below.</p> <p>My status is (select only one box): <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident</p> <p>My social security number is: _____ - _____ - _____</p>	
Section II <p><input type="checkbox"/> I hereby certify that I am not a United States taxpayer (U.S. citizen, U.S. permanent resident, etc.) and that I do not have to complete any U.S. tax forms. Further, I understand that AIARC will not report or pay taxes to any authority, government, and so forth, on my behalf. Further, I agree to notify AIARC within 30 days of becoming a U.S. permanent resident.</p> <p>My country of citizenship is: _____</p> <p>Passport Number: _____</p> <p>Official Identification Number: _____</p>	
Participant Signature	Date:

IARC Insurance Plan Enrollment Form

This form is used to enroll you and your dependent(s) in the IARC Insurance Plan based on your employment classification determined by your Center. Your employment classification determines which IARC benefits that you may be eligible for. Refer to the [AIARC.org website](http://aiarc.org) for the various employment classifications. If you have a question about your employment classification, please contact the HR Department at your Center. Please complete this form; sign and date; and return the form to your Center's HR Department for the Center Authorized Representative's signature that authorizes you to enroll in the IARC Insurance Plan. Your Center will forward this form to AIARC. Please refer to the instructions on the back of this form to assist you.

1. Participant Name:
(Surname, First, Middle)

2. Date of Birth:
(dd/mm/yyyy)

3. Permanent Address:

Town: **Region/State:** **ZIP/Postal Code:** **Country:**

4. Personal **Personal** **5. Gender:** ☐ Male
Email Address: **Telephone Number:** ☐ Female

6. Do you want to enroll in the IARC Insurance Plan? ☐ Yes ☐ No If no, you must complete the Waiver of Insurance Form.
7. If you selected "Yes" in item #6, please indicate if you have other insurance coverage? ☐ No ☐ Yes If yes, provide insurance carrier name, country, and termination date of coverage.

8. To enroll eligible dependents for insurance coverage, please complete the following information:

Dependent Name (Surname, First, Middle Initial)	Relationship to Participant	Gender	Date of Birth (dd/mm/yyyy)	Other Insurance	
				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

9. If you are eligible for the Life and Accidental Death and Dismemberment benefit, complete the [Beneficiary Designation Form](#) for the IARC Insurance Plan.

10. Special Remarks

11. I hereby request to participate in the IARC Insurance Plan and to receive the group insurance coverage for which I am or may become eligible. I agree to abide by the rules that govern the various types of insurance that comprise the IARC Insurance Plan as stated in the respective Plan Documents. I understand that the AIARC Board, in its sole discretion, reserves the right to change the benefits offered in the Plan at any time. My signature below affirms that all information and statements provided on this form are accurate and true. I understand that misstatements, misrepresentations, or omissions may result in my insurance coverage being void as of its effective date with no benefits payable. Further, I have read and understand the Fraud Notice below:
Fraud Notice: Any Plan participant who intends to defraud or knowingly facilitates fraud against an insurer by submitting a request for enrollment or by filing a claim containing false or deceptive information shall be terminated from the IARC Insurance Plan, which also may result in criminal charges.

Participant Signature: _____ **Date: (dd/mm/yyyy)** _____

Note: A written signature is preferred in order to have on record. However, you can sign this form electronically, but you must also provide the signature page of your passport or government issued ID with this form. Alternatively, you can write and print your signature on a white blank piece of paper, take a photo of the written and printed signature with your smartphone, and send a copy of the photo with this form.

For Center's Use Only

12. Center Name: **13. Coverage Effective Date (dd/mm/yyyy):**

14. Enrollment Type: ☐ New ☐ Rehired ☐ Reinstatement **15. Insurance Salary (US\$):**

16. Signature of **Date: (dd/mm/yyyy)**
Center Authorized Representative:

For AIARC: Enrolled in ☐ Cigna ☐ CPAS **AIARC ID#** **Coverage Class#** **Cigna Ins #**

IARC Insurance Plan Enrollment Form Instructions

(Form must be completed and signed by both Participant and Center Authorized Representative)

EMPLOYEE: Please complete Items 1-10 and provide your signature in Item 11.

Item 1: Participant Name – Provide your legal name. Your name on your insurance ID card should be the same as the name on your passport or birth certificate.

Items 2, 3 & 5: Provide accurate information for every item.

Item 4: Email Address and Telephone Number – Provide an email address and telephone number that you use frequently. AIARC will use this email address to send you your Cigna (medical insurance) online log-in information.

Item 6: If you choose *not* to enroll in the IARC Insurance Plan because you are keeping coverage with your current insurance carrier, you must complete the Waiver of Insurance Form. Contact your Center's AIARC Coordinator for this form.

Item 7: If you are planning to enroll in the IARC Insurance Plan and currently have other insurance under another plan, you must provide the following information to AIARC:

- The name of your existing insurance carrier, the country of coverage, and the end date of coverage. Please note that Cigna will be your secondary insurance provider until you terminate coverage with your existing insurance carrier.
- A copy of your Medicare A & B card if you are insured under Medicare in the United States.

Item 8: Dependent Information – To enroll your eligible dependents in the IARC Insurance Plan, *you must be a Participant* in the IARC Insurance Plan. Please make sure that you provide each dependent's **full name, relationship to you, gender, and date of birth**. The information will appear exactly the same as on the dependent(s) insurance ID cards.

- Indicate the dependent's relationship to you: Husband, Wife, Partner, Child, Divorced Spouse, and Other. (If relationship is "Other," explain in Special Remarks, Item 10.)
- Please indicate if your dependent has coverage under another insurance plan. If yes, please provide name of carrier in Item 10.
- Children upon reaching age 26 are not eligible for coverage unless they are handicapped. For more information, refer to Eligibility of Plan Benefits in the [IARC Medical Plan Brochure](#) or contact your Center's AIARC Coordinator.

Item 9: Beneficiary information – If you are eligible for the Life and Accidental Death and Dismemberment benefit, complete the [Beneficiary Designation Form](#). If you are not sure of your eligibility for coverage, please verify with your Center. If you are eligible for coverage, indicate the person (the beneficiary) to whom the financial benefit will be paid in the event of your death.

Item 10: Special Remarks – If necessary, use this section to provide further explanation or attach a separate piece of paper if needed.

Item 11: Sign and date the form and submit the form to your Center's HR Department for the Authorized Representative's approval/signature. It is important to understand that it is the respective Plan Documents that govern the various insurance coverages that comprise the IARC Insurance Plan.

For Center's Use Only: The Center Authorized Representative must **complete items 12-16 and must provide signature to validate this form.**

Item 12: Enter Center's name.

Item 13: Effective Date of Plan Coverage – Indicate start date of participant's plan coverage. To determine the correct effective date:

- for a long-term employee, subtract 5 days from participant's employment start date or the date when he or she will report to work.
- for a short-term employee, indicate the date when the employment starts.
- for an employee on leave without pay status, indicate the date when he or she is returning to work.

Item 14: Enrollment Type: Choose an enrollment type based on the categories below:

- **New Employee** – new participant who started to work at your Center.
- **Rehired Employee** – new participant joined from another Center or participant who was previously employed at your Center.
- **Reinstatement Coverage** – participant who resumes work after a period of leave without pay.

Item 15: Annual Salary (US\$) – Enter participant's annual salary.

Item 16: Center Authorized Representative: This form must be signed and dated by the Center Authorized Representative indicating his or her full name. To enroll the employee in the IARC Insurance Plan, a copy of the original signed form must be sent to and received by AIARC.

For AIARC Use only: AIARC will complete the shaded items at the top of this page. Please do not enter any information in these boxes.

- AIARC ID#, Cigna Ins #, Coverage Class#, and Plan Status # and Insurance.

Beneficiary Designation Form for Insurance Plan

Please send a signed copy of this form to your Center's AIARC coordinator by email.

This form is used to designate primary and/or secondary beneficiaries who will receive the financial benefit from your insurance coverage in the event of your death. A beneficiary refers to a person or trust that is eligible to receive the financial benefit upon the participant's (account holder's) death. Please note that as a plan participant you are responsible for ensuring that your designated beneficiaries (and their respective contact information) are current and accurate.

The percentage of distribution upon your death for all primary beneficiaries must equal 100%; likewise, for secondary beneficiaries. If you need more space to list additional beneficiaries, photocopy the applicable pages or provide all the information requested on a separate sheet.

If any of your primary beneficiaries are deceased at the time of your death, that beneficiary's portion of your assets will be divided equally among your surviving primary beneficiaries, if any. Your secondary beneficiaries will inherit your assets only if you have no surviving primary beneficiaries at the time of your death.

Participant Name: (Surname, First, Middle)	Center Name:	AIARC ID#
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Primary Beneficiary Type: check all that apply

- ☐ **Spouse**
Requires Address

☐ **Individual(s)**
Requires Address

☐ **Trust**
☐ To the trustee of a trust
 created under my last will

☐ **My Estate**

☐ **Charity/Entity**
Requires complete
information

Section of will that identifies trustee: _____

1. (Complete all applicable fields below)

				%
(Surname, First, Middle / Trust or Charity Name)	(Relationship to me)	(Gender)	(Birth or Trust date) (dd /mm/yyyy)	(Percentage)

Street Address:	
Town:	Region/ State:
Country:	ZIP/Postal Code:
Phone:	Email:

2.

				%
(Surname, First, Middle / Trust or Charity Name)	(Relationship to me)	(Gender)	(Birth or Trust date) (dd /mm/yyyy)	(Percentage)

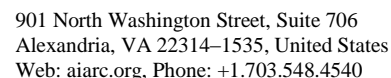
Street Address:	
Town:	Region/State:
Country:	ZIP/Postal Code:
Phone:	Email:

3.

				%
(Surname, First, Middle / Trust or Charity Name)	(Relationship to me)	(Gender)	(Birth or Trust date) (dd /mm/yyyy)	(Percentage)

Street Address:	
Town:	Region/State:
Country:	ZIP/Postal Code:
Phone:	Email:

Total % must equal 100%.



IARC Offshore Retirement Plan – Zurich

Enrollment form

This form is to be completed by non-U.S. taxpayers only.



Please note that this is a fillable PDF form that can be downloaded from the aiarc.org website. Once the form is saved with your responses and signed, please email this form to your Center's AIARC Coordinator.

Your account with Zurich is established after your first contribution from your Center is deposited into your retirement Zurich International Online (ZIO) account. You will receive an email from Zurich to your work email address indicated on this form that will contain your temporary ZIO account login credentials. Once you receive this email, it is recommended that you **immediately** update your beneficiaries and review your other personal details. To learn about the rules of the Plan, please refer to the IARC Retirement Plan Participant Guide on the aiarc.org website or on your ZIO account.

Please note that you are responsible for ensuring that your ZIO account has correct information about you and your beneficiaries.

Check one: ☐ New enrollment ☐ Re-enrollment

Section 1: Personal Details

In order to establish your retirement account, AIARC and Zurich will need to obtain personal details from you. If you do not provide these details, AIARC and Zurich will not be able to establish your account. Additionally, if AIARC is unable to establish an account, AIARC reserves the right to delay your enrollment or terminate you from the Plan.

Title: ☐ Mr ☐ Ms ☐ Dr

Family Name:
Forename(s):
Center (Employer) Name:

Date of Birth: _____ Gender ☐ Male ☐ Female
DD/MMM/YYYY

Marital Status: ☐ Single ☐ Married ☐ Cohabiting

Country of Citizenship:

Your citizenship must be the same as you declared in section two of the Tax Residency Declaration Form.

Current Residential Address: (Must not be a PO Box):	
City/Town:	Region/State:
Post Code:	Country:
Work Email:	Personal Email:

Data Privacy

Personal information supplied by you will be used for the purpose of establishing and administering your retirement account by AIARC and Zurich and any other necessary third party who provides relevant services to AIARC and Zurich.

Please review the privacy notices of AIARC and Zurich on the AIARC.org website to understand how and why your data is being used in regard to the administration of employee benefits and to learn about your rights to access such information.

Section 2: Contributions, Investments and Beneficiaries

Your Center will contribute a monthly amount based on your Center's sponsorship agreement with the Plan Administrator (AIARC). The amount will be contributed from the date you join the Plan until you leave employment. Your first employer contribution and your *first optional voluntary contribution* will be invested in the Plan's default fund, the *Target Retirement Fund (TRF)*, which is a diversified investment fund based on when you turn age 65. The TRF automatically rebalances the percentage allocation of the fund to investments that are considered to have less risk as you near age 65. Please note that all investments, including the TRF, are subject to risk. You can learn more about the TRF and other available investments in the IARC Retirement Plan Investment Guide and in the [ZIO Fund Center](#).

Please note that after your initial contribution to the Plan, you can switch from the default fund to another investment option by logging into your ZIO account.

You will also need to designate the beneficiaries who will receive the money from your retirement plan account (policy) in the event of your death. You must log into your account on the [ZIO platform](#) in order to designate your beneficiaries.

Section 3: To start making voluntary (employee) contributions

You can make voluntary contributions into the Plan up to a yearly maximum of your annual net salary. Contributions can only be made through monthly payroll deductions. The monthly contribution amount must be in whole dollar amounts (e.g., \$50, \$100, etc.) and cannot exceed your monthly net salary.

Please note that you can change or stop your voluntary contribution amount by completing the IARC Retirement Plan Voluntary Contribution Form and sending a signed copy of that form to your Center's AIARC Coordinator.

☐ **Yes**, I want to start making voluntary contributions from my monthly salary in addition to my employer's contribution.

My monthly voluntary contribution amount is: (indicate an amount in the box): \$

Please note that your contribution will begin with your first full month of salary.

Please note your monthly voluntary contributions cannot be withdrawn from the Plan until you terminate employment from your Center. If you are younger than age 55, you will be assessed a penalty of 33.33% on withdrawals unless you meet certain conditions. For Plan rules on withdrawal eligibility, please refer to the IARC Retirement Plan Participant Guide.

☐ **No**, I do not want to make voluntary contributions at this time.

Section 4: Declaration

- I authorize AIARC to establish an account (policy) on my behalf within the IARC Retirement Plan with Zurich International Life.
- I understand it will be my responsibility to activate my ZIO account to ensure my personal details are correct and to designate my beneficiaries. I further understand it is my responsibility to keep my personal details and my beneficiaries up to date.
- I understand my initial (first) employer and voluntary contribution will be invested in the Plan's default fund, the Target Retirement Fund, and that I may switch to another available investment on the ZIO platform at any time from my ZIO account, after the initial contribution.
- I understand that the IARC Retirement Plan Participant Guide and the Investment Guide are available for to me learn about the rules of the Plan and about the investments available on the ZIO platform and their associated risk.
- I understand that the Trust Deed and Rules that govern the operation of the Plan may be modified or amended at the sole discretion of the IARC Retirement Plan Trustee, with any changed provision replacing earlier versions in their entirety. I agree to abide by all of the rules of the Plan.
- I understand it is my responsibility to report and pay any taxes that may be associated with this Plan.

Please ensure that you have completed all relevant sections of this form and email a signed copy to your Center's AIARC Coordinator.

By signing below, I agree to join the International Agricultural Research Centers (IARC) Plan and have read and understand the declarations above.

Signature

Date _____

Vanguard®

Plan # 093962

IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT. Vanguard is required by federal law to obtain from each person who opens an account, certain personal information—including name, street address, citizenship, and date of birth among other information—that will be used to verify identity. If you do not provide us with this information, we will not be able to open the account. If we are unable to verify your identity, Vanguard reserves the right to close your account or take other steps we deem reasonable.



2. Investment of Contributions

Specify individual Vanguard fund(s) and allocations percentage(s) below. Your total fund allocation percentage must equal 100%.

Target Retirement Funds If you choose this investment approach, you may want to consider investing 100% of your contributions in one Vanguard Target Retirement Fund.

Fund Code	Fund Name	Allocation	Fund Code	Fund Name	Allocation
00V009	Vanguard Target Retirement 2070 Fund	<input type="text"/>	000696	Vanguard Target Retirement 2040 Fund	<input type="text"/>
001791	Vanguard Target Retirement 2065 Fund	<input type="text"/>	000305	Vanguard Target Retirement 2035 Fund	<input type="text"/>
001691	Vanguard Target Retirement 2060 Fund	<input type="text"/>	000695	Vanguard Target Retirement 2030 Fund	<input type="text"/>
001487	Vanguard Target Retirement 2055 Fund	<input type="text"/>	000304	Vanguard Target Retirement 2025 Fund	<input type="text"/>
000699	Vanguard Target Retirement 2050 Fund	<input type="text"/>	000682	Vanguard Target Retirement 2020 Fund	<input type="text"/>
000306	Vanguard Target Retirement 2045 Fund	<input type="text"/>	000308	Vanguard Target Retirement Income Fund	<input type="text"/>

Core Funds Or for the following list of funds, specify percentages in 1% increments.

Fund Code	Fund Name	Allocation	Fund Code	Fund Name	Allocation
000084	Vanguard Total Bond Market Index Fund	<input type="text"/>	000024	Vanguard Explorer Fund	<input type="text"/>
000040	Vanguard 500 Index Fund	<input type="text"/>	00001C	Vanguard Total International Stock Index Fund	<input type="text"/>
000073	Vanguard Windsor II Fund	<input type="text"/>	000029	Vanguard High-Yield Corporate Fund	<input type="text"/>
00009U	Vanguard Selected Value Fund	<input type="text"/>	0000XT	Vanguard Inflation-Protected Securities Fund	<input type="text"/>
000098	Vanguard Extended Market Index Fund	<input type="text"/>	003776	New York Life Guaranteed Interest Account	<input type="text"/>
000021	Vanguard Wellington Fund	<input type="text"/>	003771	PIMCO Total Return ESG Fund	<input type="text"/>
00001L	Vanguard Real Estate Index Fund	<input type="text"/>	006379	Parnassus Core Equity Fund	<input type="text"/>
000080	Vanguard U.S. Growth Fund	<input type="text"/>	007331	DFA International Sustainability Core 1 Portfolio	<input type="text"/>

Your allocations must total 100%

Note: If you fail to complete the investment elections above, your contribution will automatically be invested in the appropriate Vanguard Target Retirement Fund based on your age.

3. Beneficiary Designation

The percentage of distribution upon your death for all primary beneficiaries must equal 100%; likewise, for contingent beneficiaries. If you need more space to list additional beneficiaries, photocopy the applicable pages or provide all the information requested on a separate sheet.

If any of your primary beneficiaries is deceased at the time of your death, his or her portion of your assets will be divided proportionately among your surviving primary beneficiaries, if any. Your contingent beneficiary(ies) will inherit your assets only if you have no surviving primary beneficiaries at the time of your death.

Primary Beneficiaries

Beneficiary Type ☐ Spouse ☐ Individual(s) ☐ Trust(s) ☐ My Estate ☐ Charity/Entity
Choose all that apply.

Requires last 4 digits of SSN or address

Requires last 4 digits of SSN or address

☐ To the trustee of an existing trust created under agreement

☐ To the trustee of a trust created under my last will

No additional information required

Requires Tax Identification Number (TIN) Charity/Entity Address is optional

Complete all applicable fields below.

Section of Will

1) %
Full Name (First, Middle, Last), Trust or Charity/Entity Name Relationship to me Birth or Trust Date (MM/DD/YYYY) Percent

<input type="text"/>	Street or P.O. Box	
Last 4 Digits of SSN or 9 Digit Tax Identification Number required	City, State, Zip	Country (if not U.S.)

2) %
Full Name (First, Middle, Last), Trust or Charity/Entity Name Relationship to me Birth or Trust Date (MM/DD/YYYY) Percent

<input type="text"/>	Street or P.O. Box	
Last 4 Digits of SSN or 9 Digit Tax Identification Number required	City, State, Zip	Country (if not U.S.)

3. Beneficiary Designation (continued)

3) <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Full Name (First, Middle, Last), Trust or Charity/Entity Name	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Relationship to me	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Birth or Trust Date (MM/DD/YYYY)	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Percent
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Last 4 Digits of SSN or 9 Digit Tax Identification Number required	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Street or P.O. Box <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> City, State, Zip <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Country (if not U.S.)		Total <div style="border: 1px solid black; padding: 5px; display: inline-block;">100%</div> <div style="font-size: small; margin-left: 10px;">Percentages must total 100%.</div>

Contingent Beneficiaries Contingent beneficiaries receive distributions only if no primary beneficiaries survive you.

Beneficiary Type Choose all that apply.

<input type="checkbox"/> Spouse Requires last 4 digits of SSN or address	<input type="checkbox"/> Individual(s) Requires last 4 digits of SSN or address	<input type="checkbox"/> Trust(s) <input type="radio"/> To the trustee of an existing trust created under agreement <input type="radio"/> To the trustee of a trust created under my last will	<input type="checkbox"/> My Estate No additional information required	<input type="checkbox"/> Charity/Entity Requires Tax Identification Number (TIN) Charity/Entity Address is optional
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Complete all applicable fields below.

Section of Will

1) <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Full Name (First, Middle, Last), Trust or Charity/Entity Name	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Relationship to me	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Birth or Trust Date (MM/DD/YYYY)	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Percent
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Last 4 Digits of SSN or 9 Digit Tax Identification Number required	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Street or P.O. Box <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> City, State, Zip <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Country (if not U.S.)		

2) <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Full Name (First, Middle, Last), Trust or Charity/Entity Name	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Relationship to me	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Birth or Trust Date (MM/DD/YYYY)	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Percent
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Last 4 Digits of SSN or 9 Digit Tax Identification Number required	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Street or P.O. Box <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> City, State, Zip <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Country (if not U.S.)		

3) <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Full Name (First, Middle, Last), Trust or Charity/Entity Name	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Relationship to me	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Birth or Trust Date (MM/DD/YYYY)	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Percent
<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Last 4 Digits of SSN or 9 Digit Tax Identification Number required	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Street or P.O. Box <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> City, State, Zip <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Country (if not U.S.)		Total <div style="border: 1px solid black; padding: 5px; display: inline-block;">100%</div> <div style="font-size: small; margin-left: 10px;">Percentages must total 100%.</div>

4. Signatures and Acceptance Please sign the application below and return to the Benefits Office for signature.

(A) Employee Acceptance: I hereby agree to the terms and conditions of the Vanguard 403(b)(7) Custodial Account Agreement.

Signature: _____ Date: _____ Please confirm your SSN ____ - ____ - ____

(B) Custodian Acceptance: Vanguard Fiduciary Trust Company hereby accepts its appointment as Custodian under the Vanguard Section 403(b)(7) Custodial Account Agreement for the benefit of the Employee named above, and hereby agrees to the terms and conditions of such Agreement.

Authorized Signature:  _____ Title: President

Payroll Deposit Authorization Form

This form applies only if AIARC processes payroll for your Center.

Please send a signed copy of this completed form, a copy of your passport or ID, and a bank statement, voided check or other bank issued document showing your name and bank account number by email to your Center's AIARC coordinator.

Participant Name: Surname, First, Middle	Center Name:	AIARC ID#:
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Bank #1: Check a box for the type of transfer: ☐ International Wire Transfer ☐ ACH (to U.S. bank accounts)

☐ Check this box if you are changing your existing bank account and refer to AIARC security verification process in the instructions on the next page.

Check the box below to indicate the amount of your pay, which will be deposited to your primary bank account, Bank #1.

☐ Deposit 100% of my Net Pay to my bank account listed below for Bank #1.

☐ Deposit (enter \$ amount) _____ to my bank account listed below for Bank #1 and deposit the remainder of my Net Pay to the bank account listed in the section for Bank #2.

Beneficiary Bank Name			
Beneficiary Bank Address			
Bank Account Holder Name <i>You must be one of the account holders</i>			
Beneficiary Bank Account Number <i>Provide an IBAN if required</i>	Bank Account Currency <i>Indicate your account currency</i>	<input type="checkbox"/> USD <input type="checkbox"/> EUR	<input type="checkbox"/> Other _____
Beneficiary Bank SWIFT Code	Beneficiary Bank Routing/Transit Number		
Intermediary U.S. Bank Name <i>Required if beneficiary bank is outside of U.S.</i>	Intermediary U.S. Bank SWIFT Code		
Additional Bank Details			

Bank #2: Check a box for the type of transfer: ☐ International Wire Transfer ☐ ACH (to U.S. bank accounts)

☐ Check the box if you are changing your existing bank account and refer to AIARC security verification process in the instructions on the next page.

Check the box below to indicate that you have a secondary bank account, Bank #2, to receive the remainder of your deposit.

☐ Deposit the remainder of my Net Pay to my bank account listed below for Bank #2.

Beneficiary Bank Name			
Beneficiary Bank Address			
Bank Account Holder Name <i>You must be one of the account holders</i>			
Beneficiary Bank Account Number <i>Provide an IBAN if required</i>	Bank Account Currency <i>Indicate your account currency</i>	<input type="checkbox"/> USD <input type="checkbox"/> EUR	<input type="checkbox"/> Other _____
Beneficiary Bank SWIFT Code	Beneficiary Bank Routing/Transit Number		
Intermediary U.S. Bank Name <i>Required if beneficiary bank is outside of U.S.</i>	Intermediary U.S. Bank SWIFT Code		
Additional Bank Details			

Deposit Agreement: By signing this form:

- I agree to abide by worldwide and U.S. Anti-Money Laundering rules and regulations regarding electronic fund transfers.
- I understand that additional fees may be charged by intermediary or beneficiary banks relating to my international wire transfer. Additional charges may include incoming wire fee, currency conversion, maintenance, commission, and so forth. Charges may vary depending on the services that I receive and the relationship that my beneficiary bank may have with its intermediary banks.
- I understand that AIARC is only responsible for the transfer up to the point that it is released from AIARC's bank. Any charges incurred thereafter are my responsibility because I have chosen my beneficiary bank and it has chosen its corresponding intermediary banking relationships.
- I authorize AIARC to deduct money from my future payroll transfers for reimbursement of fees without prior notification if fees are incurred from returned wires or direct deposits due to inaccurate banking information provided by me.

Participant Signature:

Date: (dd/mm/yyyy)

Note: A written signature is preferred in order to have on record. However, you can sign this form electronically, but you must also provide the signature page of your passport or government issued ID with this form. Alternatively, you can write and print your signature on a white blank piece of paper, take a photo of the written and printed signature with your smartphone, and send a copy of the photo with this form.

Payroll Deposit Authorization Form Instructions

- Complete this form to notify AIARC of your payroll banking preferences for your monthly salary payment. Refer to the instructions in the section below to assist you in completing the form.
- You can receive monthly salary payments by international wires to banks located outside of U.S. or by ACH to banks in the U.S.
- You can set up a maximum of two electronic transfers. A monthly fee of *USD 17.50* will be charged for the second transfer.

Instructions for completing the Payroll Deposit Authorization Form

Beneficiary Bank Name and Address: Indicate your beneficiary bank's name and address. The beneficiary bank is the receiving bank where you have your bank account.

Bank Account Holder Name: Enter your name exactly as it is stated on your bank account. You must be one of the listed account holders. AIARC will only transfer money to you or to an institution with which you hold an account with your name listed. Ideally, the name on your account should exactly match the name on your official identification (e.g., passport).

Beneficiary Bank Account Number: Enter your account number stated on the bank document. If your account is with a bank in Europe or other IBAN adopted bank, enter an IBAN number. The IBAN number is a unique identification code that facilitates wire payments to your bank account. The IBAN consists of up to 39 alphanumeric characters. If the IBAN is missing or incorrect, a charge may be applied by your beneficiary bank or your salary payment may be delayed or returned to the remitting bank.

Bank Account Currency: Indicate your bank account currency. If your bank account currency is other than USD and EUR, please indicate the other currency. If you do not have a bank account in USD to receive your salary payment, please contact your Center's AIARC Coordinator. It is very important that you verify with your bank that your bank can accept and convert USD and that you are provided with the correct intermediary bank details from your bank (the beneficiary bank) in order to expedite the currency conversion. It is highly recommended that you correspond with an individual who handles wires for your bank to get the correct information.

Beneficiary Bank SWIFT Code: Enter your beneficiary bank's SWIFT code if your salary will be deposited to a bank outside of the U.S. The SWIFT code is required to make international wire transfers. Your bank's SWIFT code can often be found on your bank account statement. The SWIFT code consists of 8 or 11 characters. If you do not know this information, please contact your bank representative in the wire department for the correct beneficiary bank information, otherwise your salary payment will be delayed.

Beneficiary Bank Routing/Transit Number: Enter your beneficiary bank's nine-digit number if your salary will be deposited to a bank in the U.S. Some U.S. banks and credit unions have multiple routing numbers serving different purposes, geographical regions, or branches. Typically, routing numbers are printed on the bottom of a check. These numbers can also be found on the online banking site of the financial institution.

Intermediary U.S. Bank Name and SWIFT: If your salary payment is payable to you in U.S. dollars. Enter the U.S. intermediary bank details if your bank is located outside of the U.S. to ensure you receive your money in U.S. dollars. The intermediary/correspondent bank is a third-party bank used by the beneficiary bank to facilitate the international transfer and settlement of money. If you do not know this information, please contact your bank representative in the wire department for the correct intermediary/correspondent bank information, otherwise your salary payment will be delayed.

Additional Bank Details: Depending on the location of your bank, AIARC may require additional bank details to ensure you receive your salary on time. Examples of such additional information include:

- Transit Number and Branch Code for banks located in Canada
- CLABE for banks located in Mexico
- IFSC Code and Payment Purpose Code for banks located in India

If there are other bank details required to set up your payment for your beneficiary bank, please indicate that information in the *Additional Bank Details* box in the form.

Add or Change Bank Account Security Verification Process

Please use this form to add or change your beneficiary bank account, intermediary bank account, payment method, deposit amount or other account changes. Changes can be made twice in a calendar year, without charge. A processing fee of *USD 25* will be charged for each change thereafter.

If you are adding a new bank account, AIARC will require a new completed Payroll Deposit Authorization Form with a copy of your passport and bank account document (e.g., bank statement, voided check).

Upon receipt of the form and required documents, AIARC will contact you for a verbal verification. Please provide a phone number at the time you submit this form and the required documents to AIARC. Your new bank account will be implemented after the verification is completed and within the appropriate AIARC monthly processing cycle.

Payroll Deduction Authorization Form

After you have obtained the signature from your Center's authorized representative, send the authorized copy of this completed form to your Center's AIARC coordinator by email.

This form only applies if AIARC processes payroll for your Center. Complete this form to deduct amounts from your monthly pay based on your employment agreement with your Center.

Participant Name (Surname, First, Middle)	Center	AIARC ID#
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Please enter the dollar amount for the type of deduction and estimated time frame. (List deductions in U.S. dollars.)

Type of Deduction	Monthly Amount (in USD)	From (mm/yyyy)	To (mm/yyyy)
Loan – Auto			
Loan – Housing			
Loan – Other (please specify)			
Loan – Advance (please specify)			
Loan – Personal (please specify)			
Personal Account (amount paid directly to participant from Center's local office)			
Salary Adjustment (amount paid locally that needs to be adjusted in AIARC's record)			
Foreign (Non-U.S.) Tax (Center handles your foreign tax information directly)			
Travel – Voluntary (Reimbursement of non-business travel expenses)			
Miscellaneous (please specify)			

Participant Acknowledgment:

1. I hereby authorize my employer to deduct the above amounts from my monthly pay.
2. I understand that this authorization will remain in effect until I or the Center notifies AIARC in writing that the authorization no longer applies, regardless of the estimated time frame designated above.
3. I further understand that I have no recourse against AIARC for any amounts deducted from my pay. My sole recourse for any deduction issues in regard to my pay shall be against my employer.

Participant Signature	Date (dd/mm/yyyy)
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Center Acknowledgement:

The Center agrees with the above-listed deductions and will notify AIARC of any changes in regard to amounts and corresponding time frames.

Signature of Authorized Employer Representative

Date (dd/mm/yyyy)

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2024****Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
	Step 4 (optional): Other Adjustments (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)**Date****Employers**
Only

Employer's name and address

First date of
employmentEmployer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

{	• \$29,200 if you're married filing jointly or a qualifying surviving spouse	}	2	\$ _____
	• \$21,900 if you're head of household				
	• \$14,600 if you're single or married filing separately				

- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

**Statement for Claiming Exemption From Withholding
on Foreign Earned Income Eligible for the Exclusion(s)
Provided by Section 911**

OMB No. 1545-0074

► Go to www.irs.gov/Form673 for the latest information.

The following statement, when completed and furnished by a citizen of the United States to his or her employer, permits the employer to exclude from income tax withholding all or a part of the wages paid for services performed outside the United States.

Your first name and initial	Last name	Your social security number
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Part I Qualification Information for Foreign Earned Income Exclusion

I expect to qualify for the foreign earned income exclusion under either the bona fide residence or physical presence test for calendar year _____ or other tax year beginning _____ and ending _____.

Please check applicable box:

☐ **Bona Fide Residence Test**

I am a citizen of the United States. I have been a bona fide resident of and my tax home has been located in _____ (foreign country or countries) for an uninterrupted period which includes an entire tax year that began on _____, 20_____.
(date)

I expect to remain a bona fide resident and retain my tax home in a foreign country (or countries) until the end of the tax year for which this statement is made. Or, if not that period, from the date of this statement until _____, 20_____.
(date within tax year)

I have not submitted a statement to the authorities of any foreign country named above that I am not a resident of that country. Or, if I made such a statement, the authorities of that country thereafter made a determination to the effect that I am a resident of that country.

Based on the facts in my case, I have good reason to believe that for this period of foreign residence I will satisfy the tax home and the bona fide foreign resident requirements prescribed by section 911(d)(1)(A) of the Internal Revenue Code and qualify for the exclusion Code section 911(a) allows.

☐ **Physical Presence Test**

I am a citizen of the United States. Except for occasional absences that will not disqualify me for the benefit of section 911(a) of the Internal Revenue Code, I expect to be present in and maintain my tax home in _____ (foreign country or countries) for a 12-month period that includes the entire tax year _____. Or, if not the entire year, for the part of the tax year beginning on _____, 20_____, and ending on _____, 20_____.

Based on the facts in my case, I have good reason to believe that for this period of presence in a foreign country or countries, I will satisfy the tax home and the 330 full-day requirements within a 12-month period under section 911(d)(1)(B).

Part II Estimated Housing Cost Amount for Foreign Housing Exclusion (see instructions)

1	Rent	1	
2	Utilities (other than telephone charges)	2	
3	Real and personal property insurance	3	
4	Occupancy tax not deductible under section 164	4	
5	Nonrefundable fees paid for securing a leasehold	5	
6	Household repairs	6	
7	Estimated qualified housing expenses. Add lines 1 through 6	7	
8	Estimated base housing amount for qualifying period	8	
9	Subtract line 8 from line 7. This is your estimated housing cost amount	9	

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- The estimated housing cost amount entered in Part II, plus the amount reported on any other statements outstanding with other employers, is not more than my total estimated housing cost amount.
- If I become disqualified for the exclusions, I will immediately notify my employer and advise what part, if any, of the period for which I am qualified.

I understand that any exemption from income tax withholding permitted by reason of furnishing this statement is not a determination by the Internal Revenue Service that any amount paid to me for any services performed during the tax year is excludable from gross income under the provisions of Code section 911(a).

Your Signature	Date
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Instructions

Future Developments

For the latest information about developments related to Form 673 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/Form673.

What's New

Service performed in a combat zone. For tax years beginning after December 31, 2017, new rules regarding the tax home test apply for certain individuals serving in a combat zone in support of the U.S. Armed Forces. For more information, see the Instructions for Form 2555.

Form 2555-EZ. After tax year 2018, the Form 2555-EZ won't be available to make the election to exclude foreign earned income and the foreign housing cost amount. Beginning with tax year 2019, all taxpayers will be required to use the Form 2555 to claim the foreign earned income exclusion.

Information for Employee

Give Form 673 to your U.S. employer to claim an exemption from U.S. income tax withholding on wages earned abroad to the extent of the foreign earned income exclusion and foreign housing exclusion. Your employer will then withhold the correct amount of federal income tax from your pay.

If you qualify for the foreign earned income exclusion or the foreign housing exclusion or deduction, complete Form 2555. You must attach the completed Form 2555 to your Form 1040 or Form 1040-SR to claim your exclusion or deduction.

Estimated housing cost amount. The amount of qualified housing expenses eligible for the housing exclusion is limited depending on the location of your foreign tax home. See Pub. 54 and the Instructions for Form 2555 for more details.

Information for Employer

Once you have received Form 673 completed by the employee, you may discontinue withholding of U.S. income tax on those wages that qualify for the exclusion(s). If for any reason you believe the employee will not qualify for the exclusion(s), you should disregard Form 673.

Note: If you have questions about the exclusion(s), see Pub. 54.

Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. If you want to claim an exemption from withholding, you're required to give this form (or similar statement) to your employer.

You aren't required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For the estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

IARC U.S. Retirement Plan - Vanguard

Sec. 403(b) Salary Reduction Agreement (SRA)



901 North Washington Street, Suite 706
Alexandria, VA 22314-1535, United States
Web: aiarc.org, Phone: +1.703.548.4540

This form is to be completed by U.S. taxpayers only

To fill out the form, you can save it in your computer or print it directly from the website.

A completed and signed copy of this form must be sent to your Center's AIARC Coordinator notifying your Center HR.

By completing this form, you can begin your voluntary salary reductions for monthly contributions to the IARC U.S. Retirement Plan administered by Vanguard. This reduction will decrease the amount of annual compensation subject to federal income tax.

Section 1: Personal Details

Participant Name:

Last Name, First Name, Middle Initial

Social Security Number:

Email Address:

Center (Employer) Name:

Select your employer from the list

Section 2: Salary Reduction Amount & Contribution Rules

For calendar year 2024, U.S. law limits your maximum annual contributions to your retirement based upon the least of the following rules:

Rule #1 – Employer contributions are calculated based on a maximum of \$345,000 in annual compensation.

Rule #2 – Voluntary contributions must be no more than \$23,000 (if 50 or older or will turn 50 by the end of 2024, you can make up to \$7,500 in catch-up contributions for a maximum total of \$30,500).

Rule #3 – Employer contributions plus voluntary contributions must be no more than \$69,000 (if you are 50 or older or will turn 50 by the end of 2024, your total contribution maximum is \$76,500).

AIARC will perform the maximum contribution tests using the rules above to determine if your requested amount exceeds the allowable limit. If your amount exceeds the limit, AIARC will notify you.

Voluntary Salary Reduction Requested: \$

Per Month

Please indicate the dollar amount in the above box that you wish to contribute from your salary each month – just writing the word “maximum” is not allowed. Your voluntary contribution will begin with your first full month of salary.

To discontinue your voluntary contribution, write “zero dollar amount” in the above box.

Your monthly contribution cannot exceed your net salary (monthly base pay minus deductions). SRA forms received by AIARC before the payroll cutoff day will be effective in the month received. Otherwise, your contribution request will be effective in the following month.

I hereby certify that I have read and understand the terms as stated above and that I also understand that it is my responsibility to seek qualified tax advice regarding the implications of any voluntary salary reductions and any employer contributions to my retirement plan.

Participant Signature:

Date:

DD-MM-YYYY