

## 403(b) Tax-Deferred Investment Salary Reduction Agreement (SRA)

**A. Employee Information:**

\_\_\_\_\_  
Name (Last, First)

\_\_\_\_\_  
UFID#

\_\_\_\_\_  
Email

\_\_\_\_\_  
Daytime Phone Number

**B. Choose a contribution action (check one):**

Start       Change       Stop

**C. Select the vendor(s) and indicate the bi-weekly contribution amount:**

Check One	Vendor	Tax-Deferred Contribution (specify \$ or %)
<input type="checkbox"/>	Fidelity	
<input type="checkbox"/>	Jefferson National	
<input type="checkbox"/>	ING	
<input type="checkbox"/>	MetLife	
<input type="checkbox"/>	TIAA-CREF	
<input type="checkbox"/>	VALIC	

**D. Effective Date:**

This SRA is effective in the current pay cycle when the form is received by Human Resource Services.

**E. Acknowledgement, authorization and signature:**

Contract: Prior to completing this agreement, I have submitted the required account contract for the vendor selected. I understand that failure to complete the vendor contract will result in my contributions being returned.

Changes: 403(b) participants may make changes at any time throughout the year by completing a new SRA.

State University System Optional Retirement Program (SUSORP) Participants: Must contribute the maximum 7.42% of eligible earnings to their SUSORP account before making elective deferrals to this 403(b) plan unless contributing to a 403(b)(7) custodial account.

IRS Contribution Limits: The 402(g) annual limit includes elective deferrals to 403(b) plans including Roth, Tax-Deferred and the SUSORP, 401(k) plans and the federal government's Thrift Savings Plan including contributions to other employer plans.

Deferral Authorization: This SRA must be signed in order to be processed. By signing this SRA, I understand that this agreement is legally binding and irrevocable with respect to amounts earned while it is in effect. I am responsible for the accuracy of the excludable amounts stated in this Agreement; for monitoring the accuracy of the dollar amount to be deferred on an annual basis; for any overstatement of the amounts excludable as a salary reduction in this agreement, or any other violation of the requirement of Sections 403(b), 402(g) and/or 415, IRC; and for any additional taxes, interest, and penalties that may be assessed.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Submit completed form to the HRS Retirement office via fax, (352) 392-5166, or email, [retirement@ufl.edu](mailto:retirement@ufl.edu).

For HRS Retirement Office Use Only	Date Received	Entered By	Date Entered