



# UF 403(b) Salary Reduction Agreement (SRA)

**Employee Information**

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

\_\_\_\_\_  
UF ID #

\_\_\_\_\_  
Email Address

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

**Contribution Action, Plan Type, Vendor, and Amount**

A. I want to (choose one):

- start\*/re-start contributions   
  increase/decrease contributions   
  stop contributions

B. Type of 403(b) Plan (choose one):

- Tax-Deferred                     
  After-Tax ROTH

C. Indicate the BIWEEKLY contribution amount under your selected vendor. Specify \$ or %.

Fidelity	MetLife	TIAA	VALIC	VOYA

**Acknowledgement and Authorization**

- Effective Date: I understand this SRA is effective in the current pay cycle when the form is received by UF Benefits.
- \*Contract: If *starting* contributions, I have opened the required account with the vendor selected prior to submitting this SRA. I understand that failure to open the account will result in my contributions being returned.
- Changes: I am aware that I can make changes to my UF 403(b) contributions at any time throughout the year by submitting a new SRA to UF Benefits.
- State University System Optional Retirement Program (SUSORP) Participants: I understand that I must contribute elective deferrals to the SUSORP account equaling the employer contribution before making elective deferrals to a tax-deferred UF 403(b) plan, unless I am contributing to a 403(b) custodial account.
- IRS Contribution Limits: My voluntary contributions to 403(b) plans (including SUSORP, Tax-Deferred UF 403(b), and Roth UF 403(b) plans), 401(k) plans, the federal government's Thrift Savings Plan, and other employer plans are in compliance with the IRS 402(g) annual limit.
- Deferral Authorization: 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
  - Monitoring the accuracy of the dollar amount to be deferred on an annual basis
  - Any overstatement of the amounts excludable as a salary reduction in this agreement or any other violation of the requirement of IRC Sections 403(b), 402(g), and/or 415
  - Any additional taxes, interest, and penalties that may be assessed

\_\_\_\_\_  
Employee Signature (This SRA must be signed in order to be processed.)

\_\_\_\_\_  
Date

**SUBMIT COMPLETED SRA TO THE UF BENEFITS OFFICE VIA FAX (352-392-5166) OR EMAIL (benefits@ufl.edu)**

For Vendor Representative Use Only

For UF Benefits Use Only		
Date Received	Date Entered	Entered By