UF UNIVERSITY of FLORIDA
The Foundation for The Gator Nation

UF 403(b) Salary Reduction Agreement
(for NON-ORP Participants)

☐ Original Agreement ☐ Amended Agreement

This agreement is made between _____ and the University of Florida.
(Employee's Name)

Effective on the payday of _____, the employee's compensation will be reduced by the amount(s) indicated below and allocated to the company(s) as designated below by the Employee.

The agreement is legally binding and irrevocable with respect to amounts earned while it is in effect. The employee may make changes by completing a new Salary Reduction Agreement.

The employee is 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, Internal Revenue Code (IRC); for any additional taxes, interest, and penalties that may be assessed.*

☐ **I have also completed and submitted the required account application(s) for the vendor(s) selected. I Understand that failure to complete the vendor application will result in my contributions being returned.**

Note: Roth 403(b) contributions are made with **after-tax** dollars. Contributions and earnings are tax-free upon withdrawal if certain requirements are met. Details can be found on the Retirement website.

PS Pre-Tax Plan Type	403(b) Company	Biweekly Pre-tax Contribution	Biweekly Roth 403(b) Post-Tax Company^
4Z	VALIC		
4P/4S	Fidelity		
4O/4S	ING		
4U/4S	MetLife		
4Y	TIAA-CREF		NA
	TOTAL PRE-TAX		
4S	**TOTAL POST-TAX**		

*Contributions to a Roth 403(b) account are included in the annual dollar limit for all 403(b) elective contributions, and are subject to 402(g) elective deferral limits as well as 415 limits for employee/employer contributions.

^ Roth 403(b) participants may defer to only one Roth 403(b) vendor at a time.

_____ _____ _____
Employee Signature UFID Date of Birth

PLEASE FAX COMPLETED FORM TO THE RETIREMENT OFFICE AT (352) 392-5166

Retirement Staff Initials_____ Date Processed_____