

Salary Reduction Agreement for 403(b) Plans

Important Information for All Plan Participants

Prior to completing this agreement, I have 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. I further understand that I may make future changes at any time by completing a new SRA.

Important Information for State University System Optional Retirement Program (ORP) Participants Only

I must contribute the maximum percentage of 10.42% (Column A) of my eligible earnings before I am allowed to make additional voluntary contributions (Column B). I further understand that there are exceptions, as noted below:

- 1) I may elect a 403(b)(7) plan* (see B1) for voluntary contributions without first contributing to one of the approved ORP providers. Additional voluntary contributions may be deferred to reach the annual Internal Revenue Code (IRC) limits. Please refer to <http://www.hr.ufl.edu/retirement/voluntary/annuities.asp#limits> for current limits.
- 2) I may elect a Roth 403(b) contribution (see B3), which is made with after-tax dollars, without first contributing to the ORP. Contributions and earnings are tax-free upon withdrawal if certain requirements are met. Contributions to a Roth 403(b) account are included in the annual dollar limit for all 403(b) elective contributions. Please refer to <http://www.hr.ufl.edu/retirement/voluntary/roth403b.asp> for additional Roth 403(b) information.

Effective on the payday of _____, my compensation will be increased/decreased by the amount(s) indicated below.

A: ORP 403(b) ONLY (up to 10.42%)		B: UF 403(b) Plan		
(A1) ORP Company^	(A2) Bi-weekly <u>Pre-tax</u> ORP Employee Contribution % (Max 10.42%)	(B1) 403(b) Company	(B2) Bi-weekly <u>Pre-Tax</u> Contribution (\$ or %)	(B3) Bi-weekly Roth^^ <u>Post-Tax</u> Contribution (\$ or %)
ING	%	ING		
		Fidelity 403(b)(7) *		
Jefferson Nat'l Life	%	Jefferson Nat'l Life		
MetLife	%	MetLife		
TIAA-CREF	%	TIAA-CREF		
VALIC	%	VALIC		
TOTAL =		TOTAL =		

^ Any company or contribution changes to ORP elections must be submitted with an ORP-16A form.

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

All participants: 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.

For more information, please see the UF Retirement website: <http://www.hr.ufl.edu/retirement/default.asp>

Please print your name: _____
Last Name First Name UFID#

Your Signature: _____
Date Day Phone

For processing, fax completed form to the UF Retirement office: (352) 392-5166