UCF | Human Resources
UNIVERSITY OF CENTRAL FLORIDA

403(b) Salary Reduction Agreement

For Voluntary Non-ORP Contributions

Part 1: Employee Information

Name:	
UCF Employee ID:	

Part 2: Contribution Updates

Note: All contributions listed below will supersede any prior agreement(s). If you are currently contributing to multiple investment providers, please be sure to list all contributions you wish to continue. Any active 403(b) contributions found in our records, but not listed below, ***will be discontinued.***

Check One		**Investment Provider**	**Biweekly Contribution Amount** *(Participants must indicate a dollar amount or percentage)*	
☐ Begin ☐ Increase/Decrease ☐ Stop	**4Z**	Fidelity 403(b) Pre-Tax	$	%
☐ Begin ☐ Increase/Decrease ☐ Stop	**4s**	TIAA 403(b) Pre-Tax	$	%
☐ Begin ☐ Increase/Decrease ☐ Stop	**4R**	VALIC 403(b) Pre-Tax	$	%
☐ Begin ☐ Increase/Decrease ☐ Stop	**4J**	Fidelity ROTH 403(b) Post-Tax	$	%
☐ Begin ☐ Increase/Decrease ☐ Stop	**4U**	TIAA ROTH 403(b) Post-Tax	$	%
☐ Begin ☐ Increase/Decrease ☐ Stop	**4K**	VALIC ROTH 403(b) Post-Tax	$	%

Paycheck Effective Date: _____

**This is the effective date that your 403(b) contribution will be changed to the amount indicated above and allotted to the investment provider(s) as designated. Please note that if your form is received after the payroll processing deadline of the Wednesday before the pay period ending date, it will be effective on the following paycheck.*

Part 3: Employee Acknowledgement, Authorization & Signature

Contract*: Prior to completing this agreement, I have opened a 403(b) account with the investment provider selected. I understand that failure to open a 403(b) account will result in my contributions being returned.*

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

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 and supersedes any prior agreement(s). I am responsible for monitoring the accuracy of the dollar amount to be deferred on an annual basis, and if annual elective deferrals exceed the maximum dollar limitations imposed by Sections 403(b), 402(g) and/or 415(c) Internal Revenue Code, I am responsible for payment of any additional tax, interest or penalty that may be assessed.*

_____ _____ _____

Print Employee Name | Employee Signature | Date

Submit completed form to the Human Resources Benefits Section via fax (407.823.1095) or email (Benefits@ucf.edu).

Benefits Staff Initials: _____ Date Processed: _____