



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 <i>(Participants must indicate a dollar amount or percentage)</i>	
<input type="checkbox"/> Existing <input type="checkbox"/> Begin <input type="checkbox"/> Increase/Decrease <input type="checkbox"/> Stop	4Z	Fidelity 403(b) Pre-Tax	\$	%
<input type="checkbox"/> Existing <input type="checkbox"/> Begin <input type="checkbox"/> Increase/Decrease <input type="checkbox"/> Stop	4S	TIAA 403(b) Pre-Tax	\$	%
<input type="checkbox"/> Existing <input type="checkbox"/> Begin <input type="checkbox"/> Increase/Decrease <input type="checkbox"/> Stop	4R	VALIC 403(b) Pre-Tax	\$	%
<input type="checkbox"/> Existing <input type="checkbox"/> Begin <input type="checkbox"/> Increase/Decrease <input type="checkbox"/> Stop	4J	Fidelity ROTH 403(b) Post-Tax	\$	%
<input type="checkbox"/> Existing <input type="checkbox"/> Begin <input type="checkbox"/> Increase/Decrease <input type="checkbox"/> Stop	4U	TIAA ROTH 403(b) Post-Tax	\$	%
<input type="checkbox"/> Existing <input type="checkbox"/> Begin <input type="checkbox"/> Increase/Decrease <input type="checkbox"/> 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: _____
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